



# Medicaid Behavioral Health and Medical Prior Authorization (PA) Code Matrix

## July 1, 2024

To search this document, type in the keyword or code you are looking for by pressing press Ctrl F on your keyboard.

Please contact Molina at 1-855-322-4080 if you need more information about the Third-Party Proprietary Criteria referenced in this document or if information is needed in an alternate language.

Information that indicates certain items or services do not require authorization in this Prior Authorization (PA) Code Matrix document is only applicable for Participating Providers.

**FOR ANY PA CHANGES DUE TO REGULATORY GUIDANCE RELATED TO COVID 19 – PLEASE SEE PROVIDER NOTIFICATIONS AND MOST CURRENT INFORMATION ON THE PROVIDER PORTAL.**

Non-Participating Providers, with the exception of some facility based professional services, require prior authorization for ALL services or items in all places of service. See exceptions below.

Prior authorization exceptions for Non-Participating Offices/Providers/Facilities:

- Hospital Emergency Department Services;
- Evaluation and Management services associated with inpatient, ER visits and observation stays;
- Local Health Department (LHD) services
- Other services based on State requirements
- Radiologist, Anesthesiologist, and Pathologist professional services when billed in Place of Service Code 19, 21, 22, 23 or 24 (except dental anesthesia for STAR children)

All In-Patient admits and services require Prior Authorization, including: Acute Hospital, Neonatal Intensive Care Unit (NICU), Skilled Nursing Facilities (SNF), Rehabilitation, and Long-Term Acute Care (LTAC) Facilities.

Obstetric Admissions for Delivery: Effective 03/01/2024 no prior auth is required for three (3) days for a vaginal delivery or five (5) days for a Caesarean delivery. Additional inpatient days will require prior authorization for claims payment.

The codes in this document are for Out-Patient services only.

**Some services listed may not be covered by Medicaid. CMS or your local State Regulatory Agency determines many of the plan benefits. The absence of a code from this list does not mean that a service is a covered benefit. Refer to the Texas Medicaid Fee Schedule and Texas Medicaid Provider Procedures Manual for the most up to date plan benefit information.**

Prior authorizations are not required for the following:

- Emergency Services for Participating or Non-Participating Providers.
- Office visits at Participating Providers.
- Referrals to Participating Network Specialists.

Obtaining authorization does not guarantee payment. The plan retains the right to review benefit limitations and exclusions, beneficiary eligibility on the date of the service, correct coding, billing practices and whether the service was provided in the most appropriate and cost-effective setting of care.

All services outside of the regulatory/coverage limits are subject to prior authorization review; coverage allowable and limits are outlined in the Texas Medicaid Provider Procedure Manual.

For additional information please contact Molina Healthcare 1-855-322-4080.

Molina covers limited gene therapy services in accordance with our medical policies. All of these requests require Prior Authorization.

[Healthcare Services Screening Criteria Link](#)

[Prior Authorization Code Matrix For Outpatient Drug Services](#)

[Texas Medicaid Provider Procedure Manual](#)

**This document is NOT to be utilized to make benefit coverage determinations. Please review the Texas Medicaid Provider Manual and Texas Medicaid Fee Schedule.**

Obtaining authorization does not guarantee payment. The plan retains the right to review benefit limitations and exclusions, beneficiary eligibility on the date of the service, correct coding, billing practices and whether the service was provided in the most appropriate and cost-effective setting of care.

The prior authorization information reflected on this document is general in nature and is not intended to be relied upon in making medical decisions. The criteria listed below is generally accurate, but may be different based on factors such as specific medical condition or type of provider requesting the service. Each patient will have unique medical conditions, submitted by his/her physician in a particularized manner, that will factor into documents required, criteria applied, and Molina's decision of whether to approve or deny a requested service. Please contact Molina or your doctor to get more information regarding prior authorization for any particular service.

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Anesthesia	Prior to 9/1/2019	00170	ANESTHESIA INTRAORAL WITH BIOPSY NOS	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>• Any documentation outlined in the Texas Medicaid Provider Procedure Manual</li> <li>• Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>• History of the presenting problem</li> <li>• Clinical exam;</li> <li>• Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>• Treatment plan and progress notes;</li> <li>• Pertinent psychosocial history;</li> <li>• Information and consultations with the treating practitioner;</li> <li>• Pertinent evaluations from other health care practitioners and providers;</li> <li>• Pertinent charts, graphs or photographic information, as appropriate;</li> <li>• Rehabilitation evaluations;</li> <li>• Information regarding the local delivery system; and</li> <li>• Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual	Prior Auth Required for Medicaid (Star) member age 0-6 y/o. Provider to include DMO provider determination letter with PA request. Otherwise, PA is waived for all radiology, anesthesiology, and pathology services when billed in POS 19, 21, 22, 23 or 24	2/21/2024
Behavioral/Mental Health, Alcohol-Chemical Dependency: Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	Prior to 9/1/2019	0901	BEHAVIORAL HEALTH TREATMENT/SVCS - Electroshock Treatment	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>• Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>• History of the presenting problem</li> <li>• Clinical exam;</li> <li>• Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>• Treatment plan and progress notes;</li> <li>• Pertinent psychosocial history;</li> <li>• Information and consultations with the treating practitioner;</li> <li>• Pertinent evaluations from other health care practitioners and providers;</li> <li>• Pertinent charts, graphs or photographic information, as appropriate;</li> <li>• Rehabilitation evaluations;</li> <li>• Information regarding the local delivery system; and</li> <li>• Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	Please submit corresponding CPT code 90870 for prior authorization.	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
<b>Behavioral/Mental Health, Alcohol-Chemical Dependency:</b> Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	1/1/2024	0905	INTENSIVE OUTPATIENT, PSYCHIATRIC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Please submit corresponding CPT code S9480 for prior authorization.	2/21/2024
<b>Behavioral/Mental Health, Alcohol-Chemical Dependency:</b> Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	1/1/2024	0906	INTENSIVE OUTPATIENT, SUBSTANCE USE DISORDERS, REHABILITATION TREATMENT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Please submit corresponding HCPCS code H0004 or H0005 for prior authorization.	2/21/2024
<b>Behavioral/Mental Health, Alcohol-Chemical Dependency:</b> Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	Prior to 9/1/2019	0912	BEHAVIORAL HEALTH TREATMENT/SVCS - Partial Hosp	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Please submit corresponding HCPCS code H0035 for prior authorization.	2/21/2024
<b>Behavioral/Mental Health, Alcohol-Chemical Dependency:</b> Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	Prior to 9/1/2019	0913	BEHAVIORAL HEALTH TREATMENT/SVCS - Partial Hosp - intensive therapy	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Please submit corresponding HCPCS code H0035 for prior authorization.	2/21/2024
<b>Behavioral/Mental Health, Alcohol-Chemical Dependency:</b> Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	Prior to 9/1/2019	1001	Behavioral Health Accommodations Residential -Psychiatric	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Please submit corresponding HCPCS code H0017, H0018, or H0019 for prior authorization.	2/21/2024

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<b>Behavioral/Mental Health, Alcohol-Chemical Dependency:</b> Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	Prior to 9/1/2019	1002	Behavioral Health Accommodations Residential -Chemical Dep	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Please submit corresponding HCPCS code H2035 for prior authorization.	2/21/2024
<b>Behavioral/Mental Health, Alcohol-Chemical Dependency:</b> Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	Prior to 9/1/2019	2106	BEHAVIORAL HEALTH TREATMENT/SVCS - Alternative Therapy Services; Hypnosis	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Behavioral/Mental Health, Alcohol-Chemical Dependency:</b> Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	4/1/2020	0373T	ADAPT BHV TX PRCL MODIFICAJ EA 15 MIN TECH TIME	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Behavioral/Mental Health, Alcohol-Chemical Dependency:</b> Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	7/1/2023	80307	DRUG TST PRSMV INSTRMNT CHEM ANALYZERS PR DATE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	PRESUMPTIVE - PA required after 24 units used (any combination of 80305, 80306, 80307)	2/21/2024
<b>Behavioral/Mental Health, Alcohol-Chemical Dependency:</b> Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	Prior to 9/1/2019	90867	REPET TMS TX INITIAL W MAP MOTR THRESHLD DEL AND MNG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024

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<b>Behavioral/Mental Health, Alcohol-Chemical Dependency:</b> Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	Prior to 9/1/2019	90868	THERAP REPETITIVE TMS TX SUBSEQ DELIVERY AND MNG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Behavioral/Mental Health, Alcohol-Chemical Dependency:</b> Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	Prior to 9/1/2019	90869	REPET TMS TX SUBSEQ MOTR THRESHLD W DELIV AND MNG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Behavioral/Mental Health, Alcohol-Chemical Dependency:</b> Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	Prior to 9/1/2019	90870	ELECTROCONVULSIVE THERAPY (ECT)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Behavioral/Mental Health, Alcohol-Chemical Dependency:</b> Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	7/1/2022	90901	BIOFEEDBACK TRAINING ANY MODALITY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Fax to 866-420-3639  Prior authorization is required for biofeedback services. Any combination of procedure codes 90901, 90912, and 90913 are a benefit for biofeedback sessions for urinary or fecal incontinence conditions in clients who are 4 years of age and older.	2/21/2024
<b>Behavioral/Mental Health, Alcohol-Chemical Dependency:</b> Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	7/1/2022	90912	BFB TRAIING W/EMG and /MANOMETRY 1ST 15 MIN CNTCT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Fax to 866-420-3639  Prior authorization is required for biofeedback services. Any combination of procedure codes 90901, 90912, and 90913 are a benefit for biofeedback sessions for urinary or fecal incontinence conditions in clients who are 4 years of age and older.	2/21/2024

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<b>Behavioral/Mental Health, Alcohol-Chemical Dependency:</b> Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	7/1/2022	90913	90913-BFB TRAING W/EMG and /MANOMETRY EA ADDL 15 MIN CNTCT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Fax to 866-420-3639  Prior authorization is required for biofeedback services. Any combination of procedure codes 90901, 90912, and 90913 are a benefit for biofeedback sessions for urinary or fecal incontinence conditions in clients who are 4 years of age and older.	2/21/2024
<b>Behavioral/Mental Health, Alcohol-Chemical Dependency:</b> Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	1/1/2022	97151	BEHAVIOR ID ASSESSMENT BY PHYS/QHP EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: • Any documentation outlined in the Texas Medicaid Provider Procedure Manual •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/21/2024
<b>Behavioral/Mental Health, Alcohol-Chemical Dependency:</b> Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	Prior to 9/1/2019	97153	ADAPTIVE BEHAVIOR TX BY PROTOCOL TECH EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: • Any documentation outlined in the Texas Medicaid Provider Procedure Manual •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/21/2024
<b>Behavioral/Mental Health, Alcohol-Chemical Dependency:</b> Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	Prior to 9/1/2019	97154	GROUP ADAPTIVE BHV TX BY PROTOCOL TECH EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: • Any documentation outlined in the Texas Medicaid Provider Procedure Manual •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/21/2024
<b>Behavioral/Mental Health, Alcohol-Chemical Dependency:</b> Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	Prior to 9/1/2019	97155	ADAPT BHV TX PRCL MODIFICAJ PHYS QHP EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: • Any documentation outlined in the Texas Medicaid Provider Procedure Manual •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/21/2024

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<b>Behavioral/Mental Health, Alcohol-Chemical Dependency:</b> Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	Prior to 9/1/2019	97156	FAMILY ADAPT BHV TX GDN PHYS QHP EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>Any documentation outlined in the Texas Medicaid Provider Procedure Manual</li> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		2/21/2024
<b>Behavioral/Mental Health, Alcohol-Chemical Dependency:</b> Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	Prior to 9/1/2019	97157	MULTIPLE FAM GROUP BHV TX GDN PHYS QHP EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>Any documentation outlined in the Texas Medicaid Provider Procedure Manual</li> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		2/21/2024
<b>Behavioral/Mental Health, Alcohol-Chemical Dependency:</b> Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	Prior to 9/1/2019	97158	GRP ADAPT BHV PRTCL MODIFCAJ PHYS QHP EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>Any documentation outlined in the Texas Medicaid Provider Procedure Manual</li> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		2/21/2024
<b>Behavioral/Mental Health, Alcohol-Chemical Dependency:</b> Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	1/1/2022	99366	TEAM CONFERENCE FACE-TO-FACE NONPHYSICIAN	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>Any documentation outlined in the Texas Medicaid Provider Procedure Manual</li> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		2/21/2024
<b>Behavioral/Mental Health, Alcohol-Chemical Dependency:</b> Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	7/1/2023	G0480	DRUG TEST DEFINITV DR ID METH P DAY 1-7 DRUG CL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>Any documentation outlined in the Texas Medicaid Provider Procedure Manual</li> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual	DEFINITIVE - PA required after 12 dates of service	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
<b>Behavioral/Mental Health, Alcohol-Chemical Dependency:</b> Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	7/1/2023	G0481	DRUG TEST DEFINITV DR ID METH P DAY 8-14 DRUG CL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>Any documentation outlined in the Texas Medicaid Provider Procedure Manual</li> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual	DEFINITIVE - PA required after 12 dates of service	2/21/2024
<b>Behavioral/Mental Health, Alcohol-Chemical Dependency:</b> Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	7/1/2023	G0482	DRUG TEST DEFINITV DR ID METH P DAY 15-21 DR CL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>Any documentation outlined in the Texas Medicaid Provider Procedure Manual</li> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual	DEFINITIVE - PA required after 12 dates of service	2/21/2024
<b>Behavioral/Mental Health, Alcohol-Chemical Dependency:</b> Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	7/1/2023	G0483	DRUG TST DEFINITV DR ID METH P DAY 22/MORE DR CL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>Any documentation outlined in the Texas Medicaid Provider Procedure Manual</li> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual	DEFINITIVE - PA required after 12 dates of service	2/21/2024
<b>Behavioral/Mental Health, Alcohol-Chemical Dependency:</b> Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	7/1/2023	G0659	DRUG TEST DEFINITV DRUG ID METH ANY # DR CLASSES	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>Any documentation outlined in the Texas Medicaid Provider Procedure Manual</li> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual	DEFINITIVE - PA required after 12 dates of service	2/21/2024
<b>Behavioral/Mental Health, Alcohol-Chemical Dependency:</b> Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	7/1/2024	H0004	BEHAVIORAL HEALTH CNSL AND THERAPY PER 15 MINUTES	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria		

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
<b>Behavioral/Mental Health, Alcohol-Chemical Dependency:</b> Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	7/1/2024	H0005	ALCOHOL AND OR DRUG SERVICES; GROUP CNSL CLINICIAN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		
<b>Behavioral/Mental Health, Alcohol-Chemical Dependency:</b> Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	4/1/2021	H0008	ALCOHOL AND OR DRUG SRVC; SUB- ACUTE DTOX HOSP IP	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Behavioral/Mental Health, Alcohol-Chemical Dependency:</b> Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	4/1/2021	H0009	ALCOHOL AND OR DRUG SERVICES; ACUTE DTOX HOSP IP	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Behavioral/Mental Health, Alcohol-Chemical Dependency:</b> Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	4/1/2021	H0010	ALCOHOL and / DRUG SRVC; SUB- ACUTE DTOX RES PROG IP	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Behavioral/Mental Health, Alcohol-Chemical Dependency:</b> Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	4/1/2021	H0011	ALCOHOL and / DRUG SERVICES; ACUTE DTOX RES PROG IP	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024



Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
<b>Behavioral/Mental Health, Alcohol-Chemical Dependency:</b> Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	Prior to 9/1/2019	H0012	ALCOHOL AND DRUG SRVC; SUB-ACUTE DTOX RES PROG OP	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		
<b>Behavioral/Mental Health, Alcohol-Chemical Dependency:</b> Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	4/1/2021	H0013	ALCOHOL AND DRUG SERVICES; ACUTE DTOX RES PROG OP	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Behavioral/Mental Health, Alcohol-Chemical Dependency:</b> Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	4/1/2021	H0014	ALCOHOL AND OR DRUG SERVICES; AMB DETOXIFICATION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Behavioral/Mental Health, Alcohol-Chemical Dependency:</b> Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	7/1/2020	H0015	ALCOHOL AND/OR DRUG SRVCS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Behavioral/Mental Health, Alcohol-Chemical Dependency:</b> Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	4/1/2021	H0016	ALCOHOL AND OR DRUG SERVICES; MEDICAL SOMATIC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
<b>Behavioral/Mental Health, Alcohol-Chemical Dependency:</b> Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	Prior to 9/1/2019	H0017	BEHAVIORAL HEALTH; RES W O ROOM AND BOARD PER DIEM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Behavioral/Mental Health, Alcohol-Chemical Dependency:</b> Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	7/1/2020	H0018	BHVAL HEALTH; SHORT-TERM RES W/O ROOM and BOARD-DIEM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Behavioral/Mental Health, Alcohol-Chemical Dependency:</b> Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	4/1/2021	H0019	BHVAL HEALTH; LONG-TERM RES W/O ROOM and BOARD-DIEM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Behavioral/Mental Health, Alcohol-Chemical Dependency:</b> Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	Prior to 9/1/2019	H0035	MENTAL HEALTH PARTIAL HOSP TX UNDER 24 HOURS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Behavioral/Mental Health, Alcohol-Chemical Dependency:</b> Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	1/1/2021	H0040	ASSERT COMM TX PROG - PER DIEM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
<b>Behavioral/Mental Health, Alcohol-Chemical Dependency:</b> Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	1/1/2021	H0046	MENTAL HEALTH SERVICES NOT OTHERWISE SPECIFIED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.		2/21/2024
<b>Behavioral/Mental Health, Alcohol-Chemical Dependency:</b> Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	3/17/2024	H0047	ALCOHOL AND/OR OTHER DRUG ABUSE SERVICES NOS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Uniform Managed Care Manual 16.3 "In-Lieu-of-Covered Services and Settings" Revision 2.1		5/29/2024
<b>Behavioral/Mental Health, Alcohol-Chemical Dependency:</b> Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	Prior to 9/1/2019	H2012	BEHAVIORAL HEALTH DAY TREATMENT PER HOUR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Behavioral/Mental Health, Alcohol-Chemical Dependency:</b> Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	Prior to 9/1/2019	H2013	PSYCHIATRIC HEALTH FACILITY SERVICE PER DIEM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Behavioral/Mental Health, Alcohol-Chemical Dependency:</b> Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	Prior to 9/1/2019	H2016	COMP COMMUNITY SUPPORT SERVICES PER DIEM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
<b>Behavioral/Mental Health, Alcohol-Chemical Dependency:</b> Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	Prior to 9/1/2019	H2018	PSYCHOSOCIAL REHABILITATION SERVICES PER DIEM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Behavioral/Mental Health, Alcohol-Chemical Dependency:</b> Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	Prior to 9/1/2019	H2020	THERAPEUTIC BEHAVIORAL SERVICES PER DIEM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Behavioral/Mental Health, Alcohol-Chemical Dependency:</b> Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	1/1/2024	H2035	ALCOHOL AND OR OTH DRUG TREATMENT PROGRAM PER HOUR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		
<b>Behavioral/Mental Health, Alcohol-Chemical Dependency:</b> Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	7/1/2020	H2036	ALCOHOL AND OR OTH DRUG TREATMENT PROGRAM PER DIEM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Behavioral/Mental Health, Alcohol-Chemical Dependency:</b> Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	Prior to 9/1/2019	S0201	PARTIAL HOSPITALIZATION SERVICES UNDER 24 HR PER DIEM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
<b>Behavioral/Mental Health, Alcohol-Chemical Dependency:</b> Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	Prior to 9/1/2019	S5150	HOME CARE TRAINING FAMILY; PER SESSION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Behavioral/Mental Health, Alcohol-Chemical Dependency:</b> Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	Prior to 9/1/2019	S5111	UNSKILLED RESPITE CARE NOT HOSPICE; PER 15 MIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Behavioral/Mental Health, Alcohol-Chemical Dependency:</b> Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	7/1/2020	S9480	INTENSIVE OP PSYCHIATRY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Behavioral/Mental Health, Alcohol-Chemical Dependency:</b> Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	1/1/2022	T1025	INTEN MXDISCIPLN SRVC CHILD W/CMPLEX IMPAIR DIEM	Information generally required to support authorization decision making includes, but not limited to: • Any documentation outlined in the Texas Medicaid Provider Procedure Manual •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Prescribed Pediatric Extended Care Center (PPECC) Benefit. Please fax to 866-420-3639.	2/21/2024
<b>Behavioral/Mental Health, Alcohol-Chemical Dependency:</b> Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	1/1/2022	T1026	INTEN MXDISCIPLN SRVC CHILD W/CMPLEX IMPAIR HR	Information generally required to support authorization decision making includes, but not limited to: • Any documentation outlined in the Texas Medicaid Provider Procedure Manual •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Prescribed Pediatric Extended Care Center (PPECC) Benefit. Please fax to 866-420-3639.	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
<b>Behavioral/Mental Health, Alcohol-Chemical Dependency:</b> Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	1/1/2021	T2023	TARGETED CASE MANAGEMENT, PER MONTH	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Behavioral/Mental Health, Alcohol-Chemical Dependency:</b> Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	4/1/2021	T2048	BHVAL HEALTH; LONG-TERM CARE RES W/ROOM and BD-DIEM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Cosmetic, Plastic &amp; Reconstructive Procedures</b>	Prior to 9/1/2019	15775	PUNCH GRAFT HAIR TRANSPLANT 1-15 PUNCH GRAFTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/21/2024
<b>Cosmetic, Plastic &amp; Reconstructive Procedures</b>	Prior to 9/1/2019	15776	PUNCH GRAFT HAIR TRANSPLANT OVER 15 PUNCH GRAFTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/21/2024
<b>Cosmetic, Plastic &amp; Reconstructive Procedures</b>	Prior to 9/1/2019	15780	DERMABRASION TOTAL FACE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15781	DERMABRASION SEGMENTAL FACE	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/21/2024
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15782	DERMABRASION REGIONAL OTHER THAN FACE	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/21/2024
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15783	DERMABRASION SUPERFICIAL ANY SITE	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/21/2024
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15788	CHEMICAL PEEL FACIAL EPIDERMAL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/21/2024
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15789	CHEMICAL PEEL FACIAL DERMAL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/21/2024

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Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15792	CHEMICAL PEEL NONFACIAL EPIDERMAL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/21/2024
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15793	CHEMICAL PEEL NONFACIAL DERMAL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/21/2024
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15820	BLEPHAROPLASTY LOWER EYELID	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/21/2024
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15821	BLEPHAROPLASTY LOWER EYELID HERNIATED FAT PAD	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/21/2024
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15822	BLEPHAROPLASTY UPPER EYELID	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/21/2024



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Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15823	BLEPHAROPLASTY UPPER EYELID W EXCESSIVE SKIN	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/21/2024
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15824	RHYTIDECTOMY FOREHEAD	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/21/2024
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15825	RHYTIDECTOMY NECK W PLATYSMAL TIGHTENING	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/21/2024
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15826	RHYTIDECTOMY GLABELLAR FROWN LINES	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/21/2024
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15828	RHYTIDECTOMY CHEEK CHIN AND NECK	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/21/2024

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Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15829	RHYTIDECTOMY SMAS FLAP	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/21/2024
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15832	EXCISION EXCESSIVE SKIN AND SUBQ TISSUE THIGH	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/21/2024
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15833	EXCISION EXCESSIVE SKIN AND SUBQ TISSUE LEG	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/21/2024
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15834	EXCISION EXCESSIVE SKIN AND SUBQ TISSUE HIP	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/21/2024
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15835	EXCISION EXCESSIVE SKIN AND SUBQ TISSUE BUTTOCK	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15836	EXCISION EXCESSIVE SKIN AND SUBQ TISSUE ARM	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/21/2024
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15837	EXC EXCESSIVE SKIN AND SUBQ TISSUE FOREARM HAND	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/21/2024
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15838	EXC EXCSV SKIN AND SUBQ TISSUE SUBMENTAL FAT PAD	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/21/2024
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15839	EXCISION EXCESSIVE SKIN AND SUBQ TISSUE OTHER AREA	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/21/2024
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15847	EXCISION EXCESSIVE SKIN AND SUBQ TISSUE ABDOMEN	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/21/2024

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Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15876	SUCTION ASSISTED LIPECTOMY HEAD AND NECK	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/21/2024
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15877	SUCTION ASSISTED LIPECTOMY TRUNK	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/21/2024
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15878	SUCTION ASSISTED LIPECTOMY UPPER EXTREMITY	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/21/2024
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15879	SUCTION ASSISTED LIPECTOMY LOWER EXTREMITY	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/21/2024
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	17380	ELECTROLYSIS EPILATION EACH 30 MINUTES	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/21/2024

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Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	19300	MASTECTOMY GYNECOMASTIA	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual	Prior authorization required, except with breast cancer diagnoses	2/21/2024
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	19316	MASTOPEXY	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual	Prior authorization required, except with breast cancer diagnoses	2/21/2024
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	19318	REDUCTION MAMMAPLASTY	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual	Prior authorization required, except with breast cancer diagnoses	2/21/2024
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	19325	MAMMAPLASTY AUGMENTATION W/ PROSTHETIC IMPLANT	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual	Prior authorization required, except with breast cancer diagnoses	2/21/2024
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	19328	REMOVAL INTACT MAMMARY IMPLANT	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Breast Implant Removal	Prior authorization required, except with breast cancer diagnoses	2/21/2024

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Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	19330	REMOVAL MAMMARY IMPLANT MATERIAL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Breast Implant Removal	Prior authorization required, except with breast cancer diagnoses	2/21/2024
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	19340	IMMT INSJ BRST PROSTH FLWG MASTOPEXY MAST RCNSTJ	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual	Prior authorization required, except with breast cancer diagnoses	2/21/2024
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	19342	DLYD INSJ BRST PROSTH FLWG MASTOPEXY MAST RCNSTJ	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual	Prior authorization required, except with breast cancer diagnoses	2/21/2024
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	19350	NIPPLE AREOLA RECONSTRUCTION	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual	Prior authorization required, except with breast cancer diagnoses	2/21/2024
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	19355	CORRECTION INVERTED NIPPLES	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual	Prior authorization required, except with breast cancer diagnoses	2/21/2024

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Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	19396	PREPARATION MOULAGE CUSTOM BREAST IMPLANT	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual	Prior authorization required, except with breast cancer diagnoses	2/21/2024
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	30400	RHINP PRIM LAT AND ALAR CRTLGS AND ELVTN NASAL TI	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/21/2024
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	30410	RHINP PRIM COMPLETE XTRNL PARTS	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/21/2024
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	30420	RHINOPLASTY PRIMARY W MAJOR SEPTAL REPAIR	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/21/2024
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	30430	RHINOPLASTY SECONDARY MINOR REVISION	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	30435	RHINOPLASTY SECONDARY INTERMEDIATE REVISION	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/21/2024
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	30450	RHINOPLASTY SECONDARY MAJOR REVISION	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/21/2024
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	30460	RHINP DFRM W COLUM LGTH TIP ONLY	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/21/2024
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	30462	RHINP DFRM COLUM LGTH TIP SEPTUM OSTEO	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/21/2024
Cosmetic, Plastic & Reconstructive Procedures	1/1/2021	30468	REPAIR OF NASAL VALVE COLLAPSE WITH SUBCUTANEOUS/SUBMUCOSAL LATERAL WALL IMPLANT(S)	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/21/2024



Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	67904	RPR BLEPHAROPTOSIS LEVATOR RESCJ ADVMNT XTRNL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Blepharoplasty	Prior Authorization required in any setting.	2/21/2024
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	67906	RPR BLEPHAROPTOSIS SUPERIOR RECTUS FASCIAL SLING	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Blepharoplasty	Prior Authorization required in any setting.	2/21/2024
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	67908	RPR BLPOS CONJUNCTIVO-TARSO-MUSC-LEVATOR RESCJ	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Blepharoplasty	Prior Authorization required in any setting.	2/21/2024
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	69300	OTOPLASTY PROTRUDING EAR W WO SIZE RDCTJ	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	1/1/2022	0705T	REM TX AMBLYOPIA TCH SPRT MIN 18 TRAING HR EA 30	Information generally required to support authorization decision making includes: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> </ol>	Third Party Proprietary Criteria		2/21/2024
Durable Medical Equipment (DME)	7/1/2024	A4239	SPLY ALW NONADJUNC NONIMPL CGM 1 MO SPLY Equal to 1 UOS	Information generally required to support authorization decision making includes: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> </ol>	Texas Medicaid Provider Procedures Manual	*Requests for incontinent supplies contact TenderHeart Health Solutions at (877) 394-1860. *All requests for incontinence supplies for a provider other than TenderHeart will require prior authorization. *Providers are unable to request a supplier other than TenderHeart on behalf of the member. *Members must call Member Services at (866) 449-6849 (Medicaid/CHIP) or (877) 319-6826 (CHIP RSA) to make this request	
Durable Medical Equipment (DME)	10/1/2023	A4335	INCONTINENCE SUPPLY; MISCELLANEOUS	Information generally required to support authorization decision making includes: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> </ol>	Texas Medicaid Provider Procedures Manual	*Requests for incontinent supplies contact TenderHeart Health Solutions at (877) 394-1860. *All requests for incontinence supplies for a provider other than TenderHeart will require prior authorization. *Providers are unable to request a supplier other than TenderHeart on behalf of the member. *Members must call Member Services at (866) 449-6849 (Medicaid/CHIP) or (877) 319-6826 (CHIP RSA) to make this request	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	7/1/2023	A4341	NDWELL IU DRAIN DEVC VLV PT INSRT REPLC ONLY EA	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.  CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)	Texas Medicaid Provider Procedures Manual	*Requests for incontinent supplies contact TenderHeart Health Solutions at (877) 394-1860. *All requests for incontinence supplies for a provider other than TenderHeart will require prior authorization. *Providers are unable to request a supplier other than TenderHeart on behalf of the member. *Members must call Member Services at (866) 449-6849 (Medicaid/CHIP) or (877) 319-6826 (CHIP RSA) to make this request	2/21/2024
Durable Medical Equipment (DME)	7/1/2023	A4342	ACC PT INS INDWELL IU DRN DEVC VLV REPLC ONLY EA	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.  CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)	Texas Medicaid Provider Procedures Manual	*Requests for incontinent supplies contact TenderHeart Health Solutions at (877) 394-1860. *All requests for incontinence supplies for a provider other than TenderHeart will require prior authorization. *Providers are unable to request a supplier other than TenderHeart on behalf of the member. *Members must call Member Services at (866) 449-6849 (Medicaid/CHIP) or (877) 319-6826 (CHIP RSA) to make this request	2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	A4554	DISPOSABLE UNDERPADS ALL SIZES	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.  CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)	Texas Medicaid Provider Procedures Manual	*Requests for incontinent supplies contact TenderHeart Health Solutions at (877) 394-1860. *All requests for incontinence supplies for a provider other than TenderHeart will require prior authorization. *Providers are unable to request a supplier other than TenderHeart on behalf of the member. *Members must call Member Services at (866) 449-6849 (Medicaid/CHIP) or (877) 319-6826 (CHIP RSA) to make this request	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	7/1/2023	A4560	NEUROMUSCULAR ELECTRICAL STIM DISP REPLC ONLY	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	10/1/2023	A6250	SKIN SEALNT PROTECT MOISTURIZER OINTMNT TYPE SZ	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual	<p>*Requests for incontinent supplies contact TenderHeart Health Solutions at (877) 394-1860.</p> <p>*All requests for incontinence supplies for a provider other than TenderHeart will require prior authorization.</p> <p>*Providers are unable to request a supplier other than TenderHeart on behalf of the member.</p> <p>*Members must call Member Services at (866) 449-6849 (Medicaid/CHIP) or (877) 319-6826 (CHIP RSA) to make this request</p>	2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	A9276	SENSOR;INVSV DISP INTRSTL CONT GLU MON SYS 1U EQ 1D	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	A9277	TRANSMITTER; EXT INTERSTITIAL CONT GLU MON SYS	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	A9278	RECEIVER MON; EXT INTERSTITIAL CONT GLU MON SYS	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual	A9278 CPT Code Replaces CPT Code K0554 on 1/1/2023.  Pharmacy to review. Should be faxed to: 888-487-9251.	2/21/2024
Durable Medical Equipment (DME)	7/1/2023	B4105	IN-LINE CART CTG DIG ENZYME ENTERAL FEEDING EA	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	4/1/2020	B4187	Omegaven, 10 g lipids	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual	In any setting (Add on for TPN)	2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	B9000	ENTERAL NUT INFUS PUMP - W O ALARM	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	B9998	NOC FOR ENTERAL SUPPLIES	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	4/1/2020	C1734	ORTHOPEDIC/DEVC/DX MATRIX OPP BTB/SFT TISS-TO BN	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Third Party Proprietary Criteria		2/21/2024
Durable Medical Equipment (DME)	4/1/2020	C1982	CATHETER PRES GENERAT 1-WAY VALV INTERMIT OCCL	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Third Party Proprietary Criteria		2/21/2024
Durable Medical Equipment (DME)	9/1/2019	C2624	IMPL WIRELESS PULM ARTERY PRESS SENSOR DEL CATH	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Third Party Proprietary Criteria		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0194	AIR FLUIDIZED BED	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0255	HOS BED VARIBL HT W ANY TYPE SIDE RAIL W MATRSS	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0260	HOS BED SEMI-ELEC W ANY TYPE SIDE RAIL W MATRSS	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024



Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0261	HOS BED SEMI-ELEC ANY TYPE SIDE RAIL W O MATRSS	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0265	HOSP BED TOT ELEC W ANY TYPE SIDE RAIL W MATRSS	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0266	HOS BED TOT ELEC ANY TYPE SIDE RAIL W O MATRSS	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0292	HOSP BED VARIBL HT HI-LO W O SIDE RAIL W MATRSS	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0293	HOS BED VARIBL HT HI-LO W O SIDE RAIL NO MATRSS	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0294	HOSPITAL BED SEMI-ELEC W O SIDE RAILS W MATTRSS	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0295	HOSP BED SEMI-ELEC W O SIDE RAILS W O MATTRSS	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0296	HOSPITAL BED TOTAL ELEC W O SIDE RAILS W MATTRSS	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024

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Durable Medical Equipment (DME)	Prior to 9/1/2019	E0297	HOSP BED TOTAL ELEC W O SIDE RAILS W O MATTRSS	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0300	PED CRIB HOS GRADE FULLY ENC W WO TOP ENC	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0301	HOS BED HEVY DUTY XTRA WIDE W WT CAPACTY OVER 350 PDS	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0302	HOS BED XTRA HEVY DUTY WT CAP OVER 600 PDS W O MTRRSS	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0303	HOS BED HEVY DUTY W WT CAP OVER 350 PDS UNDER EQ TO 600	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0304	HOS BED EXTRA HEAVY DUTY WT CAP OVER 600 PDS MATRRSS	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024

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Durable Medical Equipment (DME)	7/1/2024	E0316	SFTY ENCLOS FRME/CANOPY USE W/HOSP BED ANY TYPE	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0328	HOSPITAL BED PEDIATRIC MANUAL INCLUDES MATTRESS	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0329	HOSPITAL BED PEDIATRIC ELECTRIC INCLUDE MATTRESS	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024

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Durable Medical Equipment (DME)	Prior to 9/1/2019	E0371	NONPWR ADV PRSS RDU.C.OVRLAY MATTRSS STD LEN AND WDRH	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0372	PWR AIR OVRLAY MATTRSS STD MATTRSS LENGTH AND WIDTH	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024

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Durable Medical Equipment (DME)	Prior to 9/1/2019	E0462	ROCKING BED WITH OR WITHOUT SIDE RAILS	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	7/1/2023	E0465	HOME VENTILATOR ANY TYPE USED W/INVASIVE INTF	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	7/1/2023	E0466	HOME VENTILATOR ANY TYPE USED W/NON-INVASV INTF	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024



Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	7/1/2023	E0467	HOME VENTILATOR MULTI-FUNCTION RESPIRATORY DEVC	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	7/1/2024	E0468	HOME VENT DF RESP DVC PER ADD FUNC OF COUGH STIM	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		
Durable Medical Equipment (DME)	7/1/2023	E0470	RESP ASST DEVC BI-LEVEL PRSS CAPABILITY W/O BACKU	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	7/1/2023	E0471	RESP ASST DEVC BI-LEVEL PRSS CAPABILITY W/O BACKU	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	7/1/2023	E0472	RESP ASST DEVC BI-LEVEL PRSS CAPABILITY W/O BACKU	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0481	INTRAPULM PERCUSSIVE VENT SYSTEM AND REL ACSSORIES	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0483	HIGH FREQUENCY CHEST WALL OSCILLATION SYSTEM EA	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	10/1/2023	E0486	ORL DEVC/APPL RDUC UP AIRWAY COLLAPSIBILITY CSTM	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Third Party Proprietary Criteria		2/21/2024
Durable Medical Equipment (DME)	1/1/2024	E0492	POWER SRC and CTRL ELEC ORAL DVC NEUMUSC ELC STM TNG	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Third Party Proprietary Criteria		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	1/1/2024	E0493	ORAL DVC NM ELC STIM TONGUE MUSC PWR S and C ELC 90D	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Third Party Proprietary Criteria		2/21/2024
Durable Medical Equipment (DME)	4/1/2023	E0637	COMB SIT STAND FRAME/TABLE SYS SEATLIFT FEATURE	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	4/1/2023	E0638	STANDING FRAME/TABLE SYS ONE POSITION ANY SZ	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	7/1/2024	E0640	PATIENT LIFT FIX SYS INCLUDES ALL CMPNTS/ACCESS	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		
Durable Medical Equipment (DME)	4/1/2023	E0641	STANDING FRAME/TABLE SYS MULTI POSITION ANY SZ	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	4/1/2023	E0642	STANDING FRAME/TABLE SYS MOBILE DYNAMIC ANY SZ	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	10/1/2019	E0652	PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL WITH CALIBRATED GRADIENT PRESSURE	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Third Party Proprietary Criteria		2/21/2024
Durable Medical Equipment (DME)	10/1/2020	E0656	SEG PNEUMAT APPLIANCE USE W PNEUMAT COMPRS TRUNK	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Third Party Proprietary Criteria		2/21/2024
Durable Medical Equipment (DME)	10/1/2020	E0667	SEG PNEUMAT APPLINC W PNEUMAT COMPRS FULL LEG	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Third Party Proprietary Criteria		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	10/1/2020	E0668	SEG PNEUMAT APPLINC W PNEUMAT COMPRS FULL ARM	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Third Party Proprietary Criteria		2/21/2024
Durable Medical Equipment (DME)	10/1/2020	E0671	SEGMENTAL GRADIENT PRESS PNEUMAT APPLINC FULL LEG	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Third Party Proprietary Criteria		2/21/2024
Durable Medical Equipment (DME)	10/1/2020	E0675	PNEUMAT COMPRS DEVC HI PRSS RAPID INFLATION DEFL	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Third Party Proprietary Criteria		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	10/1/2020	E0676	INTERMITTENT LIMB COMPRESSION DEVICE NOS	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Third Party Proprietary Criteria		2/21/2024
Durable Medical Equipment (DME)	7/1/2023	E0677	Nonpneumatic sequential compression garment, trunk	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0691	UV LIGHT TX SYS BULB LAMP TIMER; TX 2 SQ FT LESS	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Molina Clinical Policy: Phototherapy and Laser Therapy for Dermatological Conditions		2/21/2024



Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0692	UV LT TX SYS PANL W BULB LAMP TIMER 4 FT PANEL	Information generally required to support authorization decision making includes: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Molina Clinical Policy: Phototherapy and Laser Therapy for Dermatological Conditions		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0693	UV LT TX SYS PANL W BULBS LAMPS TIMER 6 FT PANEL	Information generally required to support authorization decision making includes: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Molina Clinical Policy: Phototherapy and Laser Therapy for Dermatological Conditions		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0694	UV MX DIR LT TX SYS 6 FT CABINET W BULB LAMP TMR	Information generally required to support authorization decision making includes: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Molina Clinical Policy: Phototherapy and Laser Therapy for Dermatological Conditions		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0747	OSTOGNS STIM ELEC NONINVASV OTH THAN SP APPLIC	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0748	OSTOGNS STIMULATOR ELEC NONINVASV SPINAL APPLIC	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0749	OSTEOGENESIS STIMULATOR ELEC SURGICALLY IMPL	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0760	OSTOGNS STIM LOW INTENS ULTRASOUND NON-INVASV	Information generally required to support authorization decision making includes: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0762	TRANSCUT ELEC JOINT STIM DEVC SYS INCL ALL ACCSS	Information generally required to support authorization decision making includes: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0764	FUNC NEUROMUSC STIM MUSC AMBUL CMPT CNTRL SC INJ	Information generally required to support authorization decision making includes: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0766	ELEC STIM DVC U CANCER TX INCL ALL ACC ANY TYPE	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Third Party Proprietary Criteria		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0782	INFUSION PUMP IMPLANTABLE NON-PROGRAMMABLE	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0783	INFUSION PUMP SYSTEM IMPLANTABLE PROGRAMMABLE	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024

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Durable Medical Equipment (DME)	Prior to 9/1/2019	E0784	EXTERNAL AMBULATORY INFUSION PUMP INSULIN	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0785	IMPLANTABLE INTRASPINAL CATHETER USED W PUMP-REPL	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Molina Clinical Policy:Implanted Intrathecal Pain Pump		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0786	IMPLANTABLE PROGRAMMABLE INFUSION PUMP REPL	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	4/1/2020	E0787	EXTERNAL AMB INFUS PUMP INSULIN DOS RATE ADJ	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Third Party Proprietary Criteria		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0983	MNL WC ACSS PWR ADD-ON CONVRT MNL WC MOTRIZD WC	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0984	MNL WC ACSS PWR ADD-ON CONVRT MNL WC MOTRIZD WC	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024

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Durable Medical Equipment (DME)	Prior to 9/1/2019	E0986	MNL WHEELCHAIR ACSS PUSH-RIM ACT PWR ASSIST SYS	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0988	MANUAL WC ACCESSORY LEVR-ACTIVATD WHL DRIVE PAIR	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	E1002	WHEELCHAIR ACCESS POWER SEATING SYSTEM TILT ONLY	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024

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Durable Medical Equipment (DME)	Prior to 9/1/2019	E1003	WC ACSS PWR SEAT SYS RECLINE W O SHEAR RDOC	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	E1004	WC ACSS PWR SEAT SYS RECLINE W MECH SHEAR RDOC	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	E1005	WC ACSS PWR SEAT SYS RECLINE W PWR SHEAR RDOC	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024



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Durable Medical Equipment (DME)	Prior to 9/1/2019	E1006	WC ACSS PWR SEAT SYS TILT AND RECLINE NO SHEAR RDUC	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	E1007	WC ACSS PWR SEAT TILT AND RECLINE MECH SHEAR RDUC	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	E1008	WC ACSS PWR SEAT TILT AND RECLINE W PWR SHEAR RDUC	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	E1010	WC ACCSS ADD PWR SEAT SYS PWR LEG ELEV SYS PAIR	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	E1012	WC ACCSS PWR SEAT SYS CNTR MNT PWR ELEV LEG EA	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	E1030	WHEELCHAIR ACCESSORY VENTILATOR TRAY GIMBALED	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	E1161	MANUAL ADULT SIZE WHEELCHAIR INCLUDES TILT SPACE	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	7/1/2024	E1229	SPECIAL BACK HEIGHT FOR WHEELCHAIR	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		
Durable Medical Equipment (DME)	Prior to 9/1/2019	E1230	PWR OPERATED VEH SPEC BRAND NAME AND MODEL NUMBER	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	E1232	WC PED SZ TILT-IN-SPACE FOLD ADJUSTBL W SEAT SYS	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	E1233	WC PED SZ TILT-IN-SPACE RIGD ADJUSTBL W O SEAT	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	E1234	WC PED SZ TILT-IN-SPACE FOLD ADJUSTBL W O SEAT	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024

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Durable Medical Equipment (DME)	Prior to 9/1/2019	E1235	WHLCHAIR PED SIZE RIGD ADJUSTBL W SEATING SYSTEM	Information generally required to support authorization decision making includes: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	E1236	WHLCHAIR PED SIZE FOLD ADJUSTBL W SEATING SYSTEM	Information generally required to support authorization decision making includes: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	E1237	WHLCHAIR PED SZ RIGD ADJUSTBL W O SEATING SYSTEM	Information generally required to support authorization decision making includes: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024

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Durable Medical Equipment (DME)	Prior to 9/1/2019	E1238	WHLCHAIR PED SZ FOLD ADJUSTBL W O SEATING SYSTEM	Information generally required to support authorization decision making includes: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	E1310	WHIRLPOOL NONPORTABLE	Information generally required to support authorization decision making includes: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	1/1/2023	E2102	ADJUNCTIVE NONIMPLANTED CGM/RECEIVER	Information generally required to support authorization decision making includes: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual	<b>This code is reviewed by Pharmacy. Please fax any requests for this item to pharmacy for review.</b>	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	1/1/2023	E2103	NONADJUNCTIVE NONIMPLANTED CGM/RECEIVER	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual	This code is reviewed by Pharmacy. Please fax any requests for this item to pharmacy for review.	2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2295	MNL WC ACCESS PED SIZE WC DYNAMIC SEATING FRAME	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	7/1/2024	E2298	COMPLEX REHAB PWR WC ACC PWR SEAT EL SYS ANY TYP	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	4/1/2023	E2301	WHEELCHAIR ACCESSORY POWER STANDING SYS ANY TYPE	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2310	PWR WC ACSS ELEC CNCT BETWN WC CNTRLLER AND ONE PWR	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2311	PWR WC ACSS ELEC CNCT BETWN WC CNTRLLER AND TWO MORE	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024



Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2312	POWER WC ACCESS HAND OR CHIN CONTROL INTERFACE	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2313	POWER WC ACCESS HARNESS UPGRADE EXP CONTROLLER EA	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2321	PWR WC ACSS HND CNTRL REMOT JOYSTCK NO PRPRTNL	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2322	PWR WC ACSS HND CNTRL MX MECH SWTCH NO PRPRTNL	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2325	PWR WC ACSS SIP AND PUFF INTERFCE NONPROPRTNL	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2327	PWR WC ACSS HEAD CNTRL INTERFCE MECH PROPRTNL	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024

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Durable Medical Equipment (DME)	Prior to 9/1/2019	E2328	PWR WC ACSS HEAD CNTRL EXT CNTRL ELEC PRPRTNL	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2329	PWR WC ACSS HEAD CNTRL CNTR SWITCH MECH NOPRPTNL	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2330	PWR WC ACSS HEAD PROX SWITCH MECH NONPRPTNL	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024

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Durable Medical Equipment (DME)	Prior to 9/1/2019	E2340	POWER WC ACCESS NONSTAND SEAT FRAME WD 20-23 IN	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2341	PWR WC ACSS NONSTD SEAT FRME WIDTH 24-27 IN	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2342	PWR WC ACSS NONSTD SEAT FRME DEPTH 20 21 IN	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2343	PWR WC ACSS NONSTD SEAT FRME DEPTH 22-25 IN	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2351	PWR WC ACSS ELEC INTERFCE OPERATE SPCH GEN DEVC	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2369	POWER WC CMPNNT DRIVE WHEEL GEAR BOX REPL ONLY	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2370	PWR WC COMP INT DR WHL MTR AND GR BOX COMB REPL ONLY	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2373	PWR WC MINI-PROPORTIONAL COMPACT REMOTE JOYSTICK	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2375	PWR WC NONEXPNDABLE CONTROLLER REPLACEMENT ONLY	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2376	PWR WC EXPANDABLE CONTROLLER REPLACEMENT ONLY	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2377	PWR WC EXPANDABLE CONTROLLER UPGRADE INIT ISSUE	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	4/1/2020	E2398	WHEELCHAIR ACCESSORY DYNAMIC POS HARDWARE BACK	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024

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Durable Medical Equipment (DME)	7/1/2023	E2402	NEG PRESS WOUND THERAPY ELEC PUMP STATION/PRTBLE	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2500	SPEECH GEN DEVC DIGITIZED UNDER EQ 8 MINS REC TIME	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2502	SPCH GEN DEVC DIGITZD OVER 8 MINS LESS THN EQ 20 MINS REC	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024



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Durable Medical Equipment (DME)	Prior to 9/1/2019	E2504	SPCH GEN DEVC DIGTIZD OVER 20 MINS UNDER EQ 40 MINS REC	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2506	SPEECH GEN DEVICE DIGITIZED OVER 40 MINS REC TIME	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2508	SPCH GEN DEVC SYNTHSIZD REQ MESS SPELL AND CNTCT	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024

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Durable Medical Equipment (DME)	Prior to 9/1/2019	E2510	SPCH GEN DEVC SYNTHESIZD MX METH MESS AND DEVC ACCSS	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2511	SPEECH GEN SOFTWARE PROG PC PERS DIGITAL ASSIST	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	7/1/2024	E2512	ACCESS SPEECH GENERATING DEVICE MOUNTING SYSTEM	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	7/1/2024	E2599	ACCESSORY FOR SPEECH GENERATING DEVICE NOC	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2609	CUSTOM FABRICATED WHEELCHAIR SEAT CUSHION SIZE	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2617	CSTM FAB WC BACK CUSHN ANY SZ ANY MOUNT HARDWARE	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2626	WC ACCESS SHLDR ELB MOBIL ARM SUPP WC ADJUSTBLE	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2628	WC ACCESS SHLDR ELB MOBIL ARM SUPP WC RECLINING	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2629	WC ACCESS SHLDR ELB M ARM SUPP FRICTION ARM SUPP	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	7/1/2023	K0005	Ultralightweight wheelchair	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0008	CUSTOM MANUAL WHEELCHAIR BASE	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0009	OTHER MANUAL WHEELCHAIR BASE	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0010	STANDARD-WEIGHT FRAME MOTORIZED POWER WHEELCHAIR	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS PMD 7 Element Order 1.Beneficiary's name 2.Face to Face Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion date. The documented Face to Face evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD. 3.Equipment Recommended 4.Diagnosis or conditions related to the need for the power mobility device 5.Length of need 6.Physician's signature The physician who performed the face-to-face mobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only - no stamps. 7.Date the physician signed the PMD order</p>	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0011	STD-WT FRME MOTRIZD PWR WHLCHAIR W PROG CNTRL	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS PMD 7 Element Order 1.Beneficiary's name 2.Face to Face Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion date. The documented Face to Face evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD. 3.Equipment Recommended 4.Diagnosis or conditions related to the need for the power mobility device 5.Length of need 6.Physician's signature The physician who performed the face-to-face mobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only - no stamps. 7.Date the physician signed the PMD order</p>	Texas Medicaid Provider Procedures Manual		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0012	LIGHTWEIGHT PORTABLE MOTORIZED POWER WHEELCHAIR	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS PMD 7 Element Order 1.Beneficiary's name 2.Face to Face Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion date. The documented Face to Face evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD. 3.Equipment Recommended 4.Diagnosis or conditions related to the need for the power mobility device 5.Length of need 6.Physician's signature The physician who performed the face-to-face mobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only - no stamps. 7.Date the physician signed the PMD order</p>	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	10/1/2022	K0013	CUSTOM MOTORIZED POWER WHEELCHAIR BASE	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS PMD 7 Element Order 1.Beneficiary's name 2.Face to Face Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion date. The documented Face to Face evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD. 3.Equipment Recommended 4.Diagnosis or conditions related to the need for the power mobility device 5.Length of need 6.Physician's signature The physician who performed the face-to-face mobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only - no stamps. 7.Date the physician signed the PMD order</p>	Texas Medicaid Provider Procedures Manual		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0014	OTHER MOTORIZED POWER WHEELCHAIR BASE	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS PMD 7 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. Face to Face Completion Date</li> </ol> <p>The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion date. The documented Face to Face evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD.</p> <ol style="list-style-type: none"> <li>3. Equipment Recommended</li> <li>4. Diagnosis or conditions related to the need for the power mobility device</li> <li>5. Length of need</li> <li>6. Physician's signature</li> </ol> <p>The physician who performed the face-to-face mobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only – no stamps.</p> <ol style="list-style-type: none"> <li>7. Date the physician signed the PMD order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0108	OTHER ACCESSORIES	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0606	AUTO EXT DEFIB W INTGR ECG ANALY GARMENT TYPE	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024



Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0800	PWR OP VEH GRP 1 STD PT WT CAP TO AND INCL 300 LBS	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS PMD 7 Element Order 1.Beneficiary's name 2.Face to Face Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion date. The documented Face to Face evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD. 3.Equipment Recommended 4.Diagnosis or conditions related to the need for the power mobility device 5.Length of need 6.Physician's signature The physician who performed the face-to-face mobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only – no stamps. 7.Date the physician signed the PMD order</p>	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0801	PWR OP VEH GRP 1 HEAVY DUTY PT 301 TO 450 LBS	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS PMD 7 Element Order 1.Beneficiary's name 2.Face to Face Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion date. The documented Face to Face evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD. 3.Equipment Recommended 4.Diagnosis or conditions related to the need for the power mobility device 5.Length of need 6.Physician's signature The physician who performed the face-to-face mobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only – no stamps. 7.Date the physician signed the PMD order</p>	Texas Medicaid Provider Procedures Manual		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0802	PWR OP VEH GRP 1 VERY HEAVY DUTY PT 451-600 LBS	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS PMD 7 Element Order 1.Beneficiary's name 2.Face to Face Completion Date</p> <p>The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion date. The documented Face to Face evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD.</p> <p>3.Equipment Recommended 4.Diagnosis or conditions related to the need for the power mobility device 5.Length of need 6.Physician's signature The physician who performed the face-to-face mobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only - no stamps. 7.Date the physician signed the PMD order</p>	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0806	PWR OP VEH GRP 2 STD PT WT CAP TO AND INCL 300 LBS	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS PMD 7 Element Order 1.Beneficiary's name 2.Face to Face Completion Date</p> <p>The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion date. The documented Face to Face evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD.</p> <p>3.Equipment Recommended 4.Diagnosis or conditions related to the need for the power mobility device 5.Length of need 6.Physician's signature The physician who performed the face-to-face mobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only - no stamps. 7.Date the physician signed the PMD order</p>	Texas Medicaid Provider Procedures Manual		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0807	PWR OP VEH GRP 2 HEAVY DUTY PT 301 TO 450 LBS	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS PMD 7 Element Order 1.Beneficiary's name 2.Face to Face Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion date. The documented Face to Face evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD. 3.Equipment Recommended 4.Diagnosis or conditions related to the need for the power mobility device 5.Length of need 6.Physician's signature The physician who performed the face-to-face mobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only – no stamps. 7.Date the physician signed the PMD order</p>	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0808	PWR OP VEH GRP 2 VERY HEAVY DUTY PT 451-600 LBS	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS PMD 7 Element Order 1.Beneficiary's name 2.Face to Face Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion date. The documented Face to Face evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD. 3.Equipment Recommended 4.Diagnosis or conditions related to the need for the power mobility device 5.Length of need 6.Physician's signature The physician who performed the face-to-face mobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only – no stamps. 7.Date the physician signed the PMD order</p>	Texas Medicaid Provider Procedures Manual		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0813	PWR WC GRP 1 STD PORT SLING SEAT PT TO 300 LBS	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS PMD 7 Element Order</p> <ol style="list-style-type: none"> <li>1.Beneficiary's name</li> <li>2.Face to Face Completion Date</li> </ol> <p>The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion date. The documented Face to Face evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD.</p> <ol style="list-style-type: none"> <li>3.Equipment Recommended</li> <li>4.Diagnosis or conditions related to the need for the power mobility device</li> <li>5.Length of need</li> <li>6.Physician's signature</li> </ol> <p>The physician who performed the face-to-face mobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only – no stamps.</p> <ol style="list-style-type: none"> <li>7.Date the physician signed the PMD order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0814	PWR WC GRP 1 STD PORT CAPT CHAIR PT TO 300 LBS	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS PMD 7 Element Order</p> <ol style="list-style-type: none"> <li>1.Beneficiary's name</li> <li>2.Face to Face Completion Date</li> </ol> <p>The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion date. The documented Face to Face evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD.</p> <ol style="list-style-type: none"> <li>3.Equipment Recommended</li> <li>4.Diagnosis or conditions related to the need for the power mobility device</li> <li>5.Length of need</li> <li>6.Physician's signature</li> </ol> <p>The physician who performed the face-to-face mobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only – no stamps.</p> <ol style="list-style-type: none"> <li>7.Date the physician signed the PMD order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0815	PWR WC GRP 1 STD SLING SEAT PT UP TO AND EQ 300 LBS	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS PMD 7 Element Order 1.Beneficiary's name 2.Face to Face Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion date. The documented Face to Face evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD. 3.Equipment Recommended 4.Diagnosis or conditions related to the need for the power mobility device 5.Length of need 6.Physician's signature The physician who performed the face-to-face mobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only - no stamps. 7.Date the physician signed the PMD order</p>	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0816	PWR WC GRP 1 STD CAPTAINS CHAIR PT TO AND EQ 300 LBS	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS PMD 7 Element Order 1.Beneficiary's name 2.Face to Face Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion date. The documented Face to Face evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD. 3.Equipment Recommended 4.Diagnosis or conditions related to the need for the power mobility device 5.Length of need 6.Physician's signature The physician who performed the face-to-face mobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only - no stamps. 7.Date the physician signed the PMD order</p>	Texas Medicaid Provider Procedures Manual		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0820	PWR WC GRP 2 STD PORT SLING SEAT PT TO AND EQ 300 LBS	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS PMD 7 Element Order 1.Beneficiary's name 2.Face to Face Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion date. The documented Face to Face evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD. 3.Equipment Recommended 4.Diagnosis or conditions related to the need for the power mobility device 5.Length of need 6.Physician's signature The physician who performed the face-to-face mobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only – no stamps. 7.Date the physician signed the PMD order</p>	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0821	PWR WC GRP 2 STD PORT CAPT CHAIR PT TO AND EQ 300 LBS	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS PMD 7 Element Order 1.Beneficiary's name 2.Face to Face Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion date. The documented Face to Face evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD. 3.Equipment Recommended 4.Diagnosis or conditions related to the need for the power mobility device 5.Length of need 6.Physician's signature The physician who performed the face-to-face mobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only – no stamps. 7.Date the physician signed the PMD order</p>	Texas Medicaid Provider Procedures Manual		2/21/2024

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Durable Medical Equipment (DME)	Prior to 9/1/2019	K0822	PWR WC GRP 2 STD SLING SEAT PT TO AND EQ 300 LBS	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS PMD 7 Element Order 1.Beneficiary's name 2.Face to Face Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion date. The documented the Face to Face evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD. 3.Equipment Recommended 4.Diagnosis or conditions related to the need for the power mobility device 5.Length of need 6.Physician's signature The physician who performed the face-to-face mobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only – no stamps. 7.Date the physician signed the PMD order</p>	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0823	PWR WC GRP 2 STD CAPTAINS CHAIR PT TO AND EQ 300 LBS	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS PMD 7 Element Order 1.Beneficiary's name 2.Face to Face Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion date. The documented the Face to Face evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD. 3.Equipment Recommended 4.Diagnosis or conditions related to the need for the power mobility device 5.Length of need 6.Physician's signature The physician who performed the face-to-face mobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only – no stamps. 7.Date the physician signed the PMD order</p>	Texas Medicaid Provider Procedures Manual		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0824	PWR WC GRP 2 HEVY DUTY SLING SEAT PT 301-450 LBS	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS PMD 7 Element Order 1.Beneficiary's name 2.Face to Face Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion date. The documented the Face to Face evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD. 3.Equipment Recommended 4.Diagnosis or conditions related to the need for the power mobility device 5.Length of need 6.Physician's signature The physician who performed the face-to-face mobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only – no stamps. 7.Date the physician signed the PMD order</p>	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0825	PWR WC GRP 2 HEVY DUTY CAPT CHAIR PT 301-450 LBS	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS PMD 7 Element Order 1.Beneficiary's name 2.Face to Face Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion date. The documented the Face to Face evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD. 3.Equipment Recommended 4.Diagnosis or conditions related to the need for the power mobility device 5.Length of need 6.Physician's signature The physician who performed the face-to-face mobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only – no stamps. 7.Date the physician signed the PMD order</p>	Texas Medicaid Provider Procedures Manual		2/21/2024



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Durable Medical Equipment (DME)	Prior to 9/1/2019	K0826	PWR WC GRP 2 VRY HVY DTY SLNG SEAT PT 451-600 LB	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS PMD 7 Element Order 1.Beneficiary's name 2.Face to Face Completion Date</p> <p>The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion date. The documented the Face to Face evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD.</p> <p>3.Equipment Recommended 4.Diagnosis or conditions related to the need for the power mobility device 5.Length of need 6.Physician's signature The physician who performed the face-to-face mobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only – no stamps. 7.Date the physician signed the PMD order</p>	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0827	PWR WC GRP 2 VRY HVY DTY CAPT CHR PT 451-600 LBS	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS PMD 7 Element Order 1.Beneficiary's name 2.Face to Face Completion Date</p> <p>The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion date. The documented the Face to Face evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD.</p> <p>3.Equipment Recommended 4.Diagnosis or conditions related to the need for the power mobility device 5.Length of need 6.Physician's signature The physician who performed the face-to-face mobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only – no stamps. 7.Date the physician signed the PMD order</p>	Texas Medicaid Provider Procedures Manual		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0828	PWR WC GRP 2 XTRA HVY DUTY SLING SEAT PT 601LB OR GRT	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS PMD 7 Element Order 1.Beneficiary's name 2.Face to Face Completion Date</p> <p>The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion date. The documented the Face to Face evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD.</p> <p>3.Equipment Recommended 4.Diagnosis or conditions related to the need for the power mobility device 5.Length of need 6.Physician's signature The physician who performed the face-to-face mobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only – no stamps. 7.Date the physician signed the PMD order</p>	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0829	PWR WC GRP 2 XTRA HVY DUTY CHAIR PT 601 LBS OR GRT	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS PMD 7 Element Order 1.Beneficiary's name 2.Face to Face Completion Date</p> <p>The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion date. The documented the Face to Face evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD.</p> <p>3.Equipment Recommended 4.Diagnosis or conditions related to the need for the power mobility device 5.Length of need 6.Physician's signature The physician who performed the face-to-face mobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only – no stamps. 7.Date the physician signed the PMD order</p>	Texas Medicaid Provider Procedures Manual		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0830	PWR WC GRP 2 STD SEAT ELEV SLING PT TO AND EQ 300 LBS	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS PMD 7 Element Order 1.Beneficiary's name 2.Face to Face Completion Date</p> <p>The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion date. The documented the Face to Face evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD.</p> <p>3.Equipment Recommended 4.Diagnosis or conditions related to the need for the power mobility device 5.Length of need 6.Physician's signature The physician who performed the face-to-face mobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only – no stamps. 7.Date the physician signed the PMD order</p>	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0831	PWR WC GRP 2 STD SEAT ELEV CAP CHR PT TO 300 LB	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS PMD 7 Element Order 1.Beneficiary's name 2.Face to Face Completion Date</p> <p>The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion date. The documented the Face to Face evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD.</p> <p>3.Equipment Recommended 4.Diagnosis or conditions related to the need for the power mobility device 5.Length of need 6.Physician's signature The physician who performed the face-to-face mobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only – no stamps. 7.Date the physician signed the PMD order</p>	Texas Medicaid Provider Procedures Manual		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0835	PWR WC GRP 2 STD 1 PWR SLING SEAT PT TO 300 LBS	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS PMD 7 Element Order 1.Beneficiary's name 2.Face to Face Completion Date</p> <p>The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion date. The documented Face to Face evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD.</p> <p>3.Equipment Recommended 4.Diagnosis or conditions related to the need for the power mobility device 5.Length of need 6.Physician's signature The physician who performed the face-to-face mobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only – no stamps. 7.Date the physician signed the PMD order</p>	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0836	PWR WC GRP 2 STD 1 PWR CAPT CHAIR PT TO 300 LBS	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS PMD 7 Element Order 1.Beneficiary's name 2.Face to Face Completion Date</p> <p>The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion date. The documented Face to Face evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD.</p> <p>3.Equipment Recommended 4.Diagnosis or conditions related to the need for the power mobility device 5.Length of need 6.Physician's signature The physician who performed the face-to-face mobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only – no stamps. 7.Date the physician signed the PMD order</p>	Texas Medicaid Provider Procedures Manual		2/21/2024

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Durable Medical Equipment (DME)	Prior to 9/1/2019	K0837	PWR WC GRP 2 HVY 1 PWR SLING SEAT PT 301-450 LBS	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS PMD 7 Element Order 1.Beneficiary's name 2.Face to Face Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion date. The documented the Face to Face evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD. 3.Equipment Recommended 4.Diagnosis or conditions related to the need for the power mobility device 5.Length of need 6.Physician's signature The physician who performed the face-to-face mobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only – no stamps. 7.Date the physician signed the PMD order</p>	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0838	PWR WC GRP 2 HVY 1 PWR CAPT CHAIR PT 301-450 LBS	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS PMD 7 Element Order 1.Beneficiary's name 2.Face to Face Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion date. The documented the Face to Face evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD. 3.Equipment Recommended 4.Diagnosis or conditions related to the need for the power mobility device 5.Length of need 6.Physician's signature The physician who performed the face-to-face mobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only – no stamps. 7.Date the physician signed the PMD order</p>	Texas Medicaid Provider Procedures Manual		2/21/2024

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Durable Medical Equipment (DME)	Prior to 9/1/2019	K0839	PWR WC GRP 2 VRY HVY 1 PWR SLING PT 451-600 LBS	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS PMD 7 Element Order 1.Beneficiary's name 2.Face to Face Completion Date</p> <p>The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion date. The documented the Face to Face evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD.</p> <p>3.Equipment Recommended 4.Diagnosis or conditions related to the need for the power mobility device 5.Length of need 6.Physician's signature The physician who performed the face-to-face mobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only – no stamps. 7.Date the physician signed the PMD order</p>	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0840	PWR WC GRP 2 XTRA HVY 1 PWR SLING PT 601 LBS OR GRT	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS PMD 7 Element Order 1.Beneficiary's name 2.Face to Face Completion Date</p> <p>The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion date. The documented the Face to Face evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD.</p> <p>3.Equipment Recommended 4.Diagnosis or conditions related to the need for the power mobility device 5.Length of need 6.Physician's signature The physician who performed the face-to-face mobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only – no stamps. 7.Date the physician signed the PMD order</p>	Texas Medicaid Provider Procedures Manual		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0841	PWR WC GRP 2 MX PWR SLING SEAT PT TO AND EQ 300 LBS	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS PMD 7 Element Order 1.Beneficiary's name 2.Face to Face Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion date. The documented the Face to Face evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD. 3.Equipment Recommended 4.Diagnosis or conditions related to the need for the power mobility device 5.Length of need 6.Physician's signature The physician who performed the face-to-face mobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only – no stamps. 7.Date the physician signed the PMD order</p>	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0842	PWR WC GRP 2 STD MX PWR CAPT CHR PT TO AND EQ 300 LBS	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS PMD 7 Element Order 1.Beneficiary's name 2.Face to Face Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion date. The documented the Face to Face evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD. 3.Equipment Recommended 4.Diagnosis or conditions related to the need for the power mobility device 5.Length of need 6.Physician's signature The physician who performed the face-to-face mobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only – no stamps. 7.Date the physician signed the PMD order</p>	Texas Medicaid Provider Procedures Manual		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0843	PWR WC GRP 2 HVY MX PWR SLNG SEAT PT 301-450 LBS	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS PMD 7 Element Order 1.Beneficiary's name 2.Face to Face Completion Date</p> <p>The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion date. The documented the Face to Face evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD.</p> <p>3.Equipment Recommended 4.Diagnosis or conditions related to the need for the power mobility device 5.Length of need 6.Physician's signature The physician who performed the face-to-face mobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only – no stamps. 7.Date the physician signed the PMD order</p>	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0848	PWR WC GRP 3 STD SLING SEAT PT TO AND EQ 300 LBS	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS PMD 7 Element Order 1.Beneficiary's name 2.Face to Face Completion Date</p> <p>The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion date. The documented the Face to Face evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD.</p> <p>3.Equipment Recommended 4.Diagnosis or conditions related to the need for the power mobility device 5.Length of need 6.Physician's signature The physician who performed the face-to-face mobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only – no stamps. 7.Date the physician signed the PMD order</p>	Texas Medicaid Provider Procedures Manual		2/21/2024



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Durable Medical Equipment (DME)	Prior to 9/1/2019	K0849	PWR WC GRP 3 STD CAPTAIN CHAIR PT TO AND EQ 300 LBS	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS PMD 7 Element Order 1.Beneficiary's name 2.Face to Face Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion date. The documented the Face to Face evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD. 3.Equipment Recommended 4.Diagnosis or conditions related to the need for the power mobility device 5.Length of need 6.Physician's signature The physician who performed the face-to-face mobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only – no stamps. 7.Date the physician signed the PMD order</p>	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0850	PWR WC GRP 3 HVY DUTY SLING SEAT PT 301-450 LBS	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS PMD 7 Element Order 1.Beneficiary's name 2.Face to Face Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion date. The documented the Face to Face evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD. 3.Equipment Recommended 4.Diagnosis or conditions related to the need for the power mobility device 5.Length of need 6.Physician's signature The physician who performed the face-to-face mobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only – no stamps. 7.Date the physician signed the PMD order</p>	Texas Medicaid Provider Procedures Manual		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0851	PWR WC GRP 3 HVY DUTY CAPT CHAIR PT 301-450 LBS	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS PMD 7 Element Order 1.Beneficiary's name 2.Face to Face Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion date. The documented Face to Face evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD. 3.Equipment Recommended 4.Diagnosis or conditions related to the need for the power mobility device 5.Length of need 6.Physician's signature The physician who performed the face-to-face mobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only – no stamps. 7.Date the physician signed the PMD order</p>	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0852	PWR WC GRP 3 V HVY DUTY SLING SEAT PT 451-600 LB	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS PMD 7 Element Order 1.Beneficiary's name 2.Face to Face Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion date. The documented Face to Face evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD. 3.Equipment Recommended 4.Diagnosis or conditions related to the need for the power mobility device 5.Length of need 6.Physician's signature The physician who performed the face-to-face mobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only – no stamps. 7.Date the physician signed the PMD order</p>	Texas Medicaid Provider Procedures Manual		2/21/2024

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Durable Medical Equipment (DME)	Prior to 9/1/2019	K0853	PWR WC GRP 3 HVY DUTY CAPT CHAIR PT 451-600 LBS	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS PMD 7 Element Order 1.Beneficiary's name 2.Face to Face Completion Date</p> <p>The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion date. The documented Face to Face evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD.</p> <p>3.Equipment Recommended 4.Diagnosis or conditions related to the need for the power mobility device 5.Length of need 6.Physician's signature The physician who performed the face-to-face mobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only - no stamps. 7.Date the physician signed the PMD order</p>	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0854	PWR WC GRP 3 XTRA HVY DTY SLNG SEAT PT 601 LBS OR GRT	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS PMD 7 Element Order 1.Beneficiary's name 2.Face to Face Completion Date</p> <p>The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion date. The documented Face to Face evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD.</p> <p>3.Equipment Recommended 4.Diagnosis or conditions related to the need for the power mobility device 5.Length of need 6.Physician's signature The physician who performed the face-to-face mobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only - no stamps. 7.Date the physician signed the PMD order</p>	Texas Medicaid Provider Procedures Manual		2/21/2024

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Durable Medical Equipment (DME)	Prior to 9/1/2019	K0855	PWR WC GRP 3X HVY DTY CHR PT WT CAP 601 LB OR GRT	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS PMD 7 Element Order 1.Beneficiary's name 2.Face to Face Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion date. The documented the Face to Face evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD. 3.Equipment Recommended 4.Diagnosis or conditions related to the need for the power mobility device 5.Length of need 6.Physician's signature The physician who performed the face-to-face mobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only – no stamps. 7.Date the physician signed the PMD order</p>	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0856	PWR WC GRP 3 STD 1 PWR SLING SEAT PT TO AND EQ 300 LB	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS PMD 7 Element Order 1.Beneficiary's name 2.Face to Face Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion date. The documented the Face to Face evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD. 3.Equipment Recommended 4.Diagnosis or conditions related to the need for the power mobility device 5.Length of need 6.Physician's signature The physician who performed the face-to-face mobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only – no stamps. 7.Date the physician signed the PMD order</p>	Texas Medicaid Provider Procedures Manual		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0857	PWR WC GRP 3 STD 1 PWR CAPT CHAIR PT TO AND EQ 300 LB	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS PMD 7 Element Order 1.Beneficiary's name 2.Face to Face Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion date. The documented Face to Face evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD. 3.Equipment Recommended 4.Diagnosis or conditions related to the need for the power mobility device 5.Length of need 6.Physician's signature The physician who performed the face-to-face mobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only - no stamps. 7.Date the physician signed the PMD order</p>	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0858	PWR WC GRP 3 HD 1 PWR SLING SEAT PT 301-450 LBS	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS PMD 7 Element Order 1.Beneficiary's name 2.Face to Face Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion date. The documented Face to Face evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD. 3.Equipment Recommended 4.Diagnosis or conditions related to the need for the power mobility device 5.Length of need 6.Physician's signature The physician who performed the face-to-face mobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only - no stamps. 7.Date the physician signed the PMD order</p>	Texas Medicaid Provider Procedures Manual		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0859	PWR WC GRP 3 HD 1 PWR CAPT CHAIR PT 301-450 LBS	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS PMD 7 Element Order 1.Beneficiary's name 2.Face to Face Completion Date</p> <p>The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion date. The documented Face to Face evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD.</p> <p>3.Equipment Recommended 4.Diagnosis or conditions related to the need for the power mobility device 5.Length of need 6.Physician's signature The physician who performed the face-to-face mobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only – no stamps. 7.Date the physician signed the PMD order</p>	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0860	PWR WC GRP 3 V HD 1 PWR SLING SEAT PT 451-600 LB	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS PMD 7 Element Order 1.Beneficiary's name 2.Face to Face Completion Date</p> <p>The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion date. The documented Face to Face evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD.</p> <p>3.Equipment Recommended 4.Diagnosis or conditions related to the need for the power mobility device 5.Length of need 6.Physician's signature The physician who performed the face-to-face mobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only – no stamps. 7.Date the physician signed the PMD order</p>	Texas Medicaid Provider Procedures Manual		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0861	PWR WC GRP 3 STD MX PWR SLNG SEAT PT TO AND EQ 300 LB	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS PMD 7 Element Order 1.Beneficiary's name 2.Face to Face Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion date. The documented the Face to Face evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD. 3.Equipment Recommended 4.Diagnosis or conditions related to the need for the power mobility device 5.Length of need 6.Physician's signature The physician who performed the face-to-face mobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only – no stamps. 7.Date the physician signed the PMD order</p>	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0862	PWR WC GRP 3 HD MX PWR SLING SEAT PT 301-450 LBS	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS PMD 7 Element Order 1.Beneficiary's name 2.Face to Face Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion date. The documented the Face to Face evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD. 3.Equipment Recommended 4.Diagnosis or conditions related to the need for the power mobility device 5.Length of need 6.Physician's signature The physician who performed the face-to-face mobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only – no stamps. 7.Date the physician signed the PMD order</p>	Texas Medicaid Provider Procedures Manual		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0863	PWR WC GRP 3 V HD MX PWR SLNG SEAT PT 451-600 LB	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS PMD 7 Element Order 1.Beneficiary's name 2.Face to Face Completion Date</p> <p>The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion date. The documented Face to Face evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD.</p> <p>3.Equipment Recommended 4.Diagnosis or conditions related to the need for the power mobility device 5.Length of need 6.Physician's signature The physician who performed the face-to-face mobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only – no stamps. 7.Date the physician signed the PMD order</p>	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0864	PWR WC GRP 3 XTR HD MX PWR SLNG SEAT PT 601 LB OR GRT	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS PMD 7 Element Order 1.Beneficiary's name 2.Face to Face Completion Date</p> <p>The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion date. The documented Face to Face evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD.</p> <p>3.Equipment Recommended 4.Diagnosis or conditions related to the need for the power mobility device 5.Length of need 6.Physician's signature The physician who performed the face-to-face mobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only – no stamps. 7.Date the physician signed the PMD order</p>	Texas Medicaid Provider Procedures Manual		2/21/2024



Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0868	PWR WC GRP 4 STD SLING SEAT PT TO AND EQ 300 LBS	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS PMD 7 Element Order</p> <ol style="list-style-type: none"> <li>1.Beneficiary's name</li> <li>2.Face to Face Completion Date</li> </ol> <p>The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion date. The documented the Face to Face evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD.</p> <ol style="list-style-type: none"> <li>3.Equipment Recommended</li> <li>4.Diagnosis or conditions related to the need for the power mobility device</li> <li>5.Length of need</li> <li>6.Physician's signature</li> </ol> <p>The physician who performed the face-to-face mobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only – no stamps.</p> <ol style="list-style-type: none"> <li>7.Date the physician signed the PMD order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0869	PWR WC GRP 4 STD CAPTAIN CHAIR PT TO AND EQ 300 LBS	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS PMD 7 Element Order</p> <ol style="list-style-type: none"> <li>1.Beneficiary's name</li> <li>2.Face to Face Completion Date</li> </ol> <p>The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion date. The documented the Face to Face evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD.</p> <ol style="list-style-type: none"> <li>3.Equipment Recommended</li> <li>4.Diagnosis or conditions related to the need for the power mobility device</li> <li>5.Length of need</li> <li>6.Physician's signature</li> </ol> <p>The physician who performed the face-to-face mobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only – no stamps.</p> <ol style="list-style-type: none"> <li>7.Date the physician signed the PMD order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0870	PWR WC GRP 4 HVY DUTY SLING SEAT PT 301-450 LBS	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS PMD 7 Element Order 1.Beneficiary's name 2.Face to Face Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion date. The documented the Face to Face evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD. 3.Equipment Recommended 4.Diagnosis or conditions related to the need for the power mobility device 5.Length of need 6.Physician's signature The physician who performed the face-to-face mobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only – no stamps. 7.Date the physician signed the PMD order</p>	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0871	PWR WC GRP 4 V HVY DUTY SLING SEAT PT 451-600 LB	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS PMD 7 Element Order 1.Beneficiary's name 2.Face to Face Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion date. The documented the Face to Face evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD. 3.Equipment Recommended 4.Diagnosis or conditions related to the need for the power mobility device 5.Length of need 6.Physician's signature The physician who performed the face-to-face mobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only – no stamps. 7.Date the physician signed the PMD order</p>	Texas Medicaid Provider Procedures Manual		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0877	PWR WC GRP 4 STD 1 PWR SLING SEAT PT TO AND EQ 300 LB	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS PMD 7 Element Order 1.Beneficiary's name 2.Face to Face Completion Date</p> <p>The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion date. The documented the Face to Face evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD.</p> <p>3.Equipment Recommended 4.Diagnosis or conditions related to the need for the power mobility device 5.Length of need 6.Physician's signature The physician who performed the face-to-face mobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only – no stamps. 7.Date the physician signed the PMD order</p>	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0878	PWR WC GRP 4 STD 1 PWR CAPT CHAIR PT TO AND EQ 300 LB	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS PMD 7 Element Order 1.Beneficiary's name 2.Face to Face Completion Date</p> <p>The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion date. The documented the Face to Face evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD.</p> <p>3.Equipment Recommended 4.Diagnosis or conditions related to the need for the power mobility device 5.Length of need 6.Physician's signature The physician who performed the face-to-face mobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only – no stamps. 7.Date the physician signed the PMD order</p>	Texas Medicaid Provider Procedures Manual		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0879	PWR WC GRP 4 HD 1 PWR SLING SEAT PT 301-450 LBS	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS PMD 7 Element Order 1.Beneficiary's name 2.Face to Face Completion Date</p> <p>The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion date. The documented the Face to Face evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD.</p> <p>3.Equipment Recommended 4.Diagnosis or conditions related to the need for the power mobility device 5.Length of need 6.Physician's signature The physician who performed the face-to-face mobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only – no stamps. 7.Date the physician signed the PMD order</p>	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0880	PWR WC GRP 4 V HD 1 PWR SLING SEAT PT 451-600 LB	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS PMD 7 Element Order 1.Beneficiary's name 2.Face to Face Completion Date</p> <p>The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion date. The documented the Face to Face evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD.</p> <p>3.Equipment Recommended 4.Diagnosis or conditions related to the need for the power mobility device 5.Length of need 6.Physician's signature The physician who performed the face-to-face mobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only – no stamps. 7.Date the physician signed the PMD order</p>	Texas Medicaid Provider Procedures Manual		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0884	PWR WC GRP 4 STD MX PWR SLNG SEAT PT TO AND EQ 300 LB	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS PMD 7 Element Order 1.Beneficiary's name 2.Face to Face Completion Date</p> <p>The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion date. The documented Face to Face evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD.</p> <p>3.Equipment Recommended 4.Diagnosis or conditions related to the need for the power mobility device 5.Length of need 6.Physician's signature The physician who performed the face-to-face mobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only - no stamps. 7.Date the physician signed the PMD order</p>	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0885	PWR WC GRP 4 STD MX PWR CAPT CHR PT TO AND EQ 300 LBS	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS PMD 7 Element Order 1.Beneficiary's name 2.Face to Face Completion Date</p> <p>The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion date. The documented Face to Face evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD.</p> <p>3.Equipment Recommended 4.Diagnosis or conditions related to the need for the power mobility device 5.Length of need 6.Physician's signature The physician who performed the face-to-face mobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only - no stamps. 7.Date the physician signed the PMD order</p>	Texas Medicaid Provider Procedures Manual		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0886	PWR WC GRP 4 HD MX PWR SLING SEAT PT 301-450 LBS	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS PMD 7 Element Order 1.Beneficiary's name 2.Face to Face Completion Date</p> <p>The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion date. The documented Face to Face evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD.</p> <p>3.Equipment Recommended 4.Diagnosis or conditions related to the need for the power mobility device 5.Length of need 6.Physician's signature The physician who performed the face-to-face mobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only – no stamps. 7.Date the physician signed the PMD order</p>	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0890	PWR WC GRP 5 PED 1 PWR SLING SEAT PT TO AND EQ 125 LB	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS PMD 7 Element Order 1.Beneficiary's name 2.Face to Face Completion Date</p> <p>The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion date. The documented Face to Face evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD.</p> <p>3.Equipment Recommended 4.Diagnosis or conditions related to the need for the power mobility device 5.Length of need 6.Physician's signature The physician who performed the face-to-face mobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only – no stamps. 7.Date the physician signed the PMD order</p>	Texas Medicaid Provider Procedures Manual		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0891	PWR WC GRP 5 PED MX PWR SLNG SEAT PT TO AND EQ 125 LB	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS PMD 7 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. Face to Face Completion Date</li> </ol> <p>The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion date. The documented Face to Face evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD.</p> <ol style="list-style-type: none"> <li>3. Equipment Recommended</li> <li>4. Diagnosis or conditions related to the need for the power mobility device</li> <li>5. Length of need</li> <li>6. Physician's signature</li> </ol> <p>The physician who performed the face-to-face mobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only – no stamps.</p> <ol style="list-style-type: none"> <li>7. Date the physician signed the PMD order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0900	CUSTOMIZED DME OTHER THAN WHEELCHAIR	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS PMD 7 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. Face to Face Completion Date</li> </ol> <p>The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion date. The documented Face to Face evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD.</p> <ol style="list-style-type: none"> <li>3. Equipment Recommended</li> <li>4. Diagnosis or conditions related to the need for the power mobility device</li> <li>5. Length of need</li> <li>6. Physician's signature</li> </ol> <p>The physician who performed the face-to-face mobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only – no stamps.</p> <ol style="list-style-type: none"> <li>7. Date the physician signed the PMD order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	4/1/2020	K1004	LOW FREQ US DIATHERMY TREATMENT DVC FOR HOME USE	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Third Party Proprietary Criteria		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	10/1/2022	K1027	ORAL DEV/APPL RED U AW COL WO F MCH HNG CSTM FAB	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Third Party Proprietary Criteria		2/21/2024
Durable Medical Equipment (DME)	4/1/2020	L2006	KAF DVC ANY MATERIAL ADJUSTABILITY CUSTOM FAB	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Third Party Proprietary Criteria		2/21/2024
Durable Medical Equipment (DME)	4/1/2020	L8033	NIPPLE PROSTH CSTM FAB REUSABL ANY MATL ANY T EA	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024



Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	7/1/2023	L8678	ELECTRICAL STIM SUP EXT USE W/ NEUROSTIM PER MO	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	7/1/2020	Q0480	DRIVER FOR USE WITH PNEUMATIC VAD REPL ONLY	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> </ol>	Third Party Proprietary Criteria		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	S1034	ARTIF PANCREAS DEVC SYS THAT CMNCT W ALL DEVC	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	S1035	SENSOR; INVASV DSPBL USE ARTIF PANCREAS DEVC SYS	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	S1036	TRANSMITTER; EXT USE W ARTIF PANCREAS DEVC SYS	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	S1037	RECEIVER; EXTERNAL USE W ARTIF PANCREAS DEVC SYS	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> </ol>	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	7/1/2024	S5165	HOME MODIFICATIONS; PER SERVICE	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> </ol>	Texas Medicaid Provider Procedures Manual		

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	T4521	ADLT SIZED DISPBL INCONT PROD BRF DIAPER SM EA	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> </ol>	Texas Medicaid Provider Procedures Manual	<ul style="list-style-type: none"> <li>*Requests for incontinent supplies contact TenderHeart Health Solutions at (877) 394-1860.</li> <li>*All requests for incontinence supplies for a provider other than TenderHeart will require prior authorization.</li> <li>*Providers are unable to request a supplier other than TenderHeart on behalf of the member.</li> <li>*Members must call Member Services at (866) 449-6849 (Medicaid/CHIP) or (877) 319-6826 (CHIP RSA) to make this request</li> </ul>	2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	T4522	ADLT SIZED DISPBL INCONT PROD BRF DIAPER MED EA	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> </ol>	Texas Medicaid Provider Procedures Manual	<ul style="list-style-type: none"> <li>*Requests for incontinent supplies contact TenderHeart Health Solutions at (877) 394-1860.</li> <li>*All requests for incontinence supplies for a provider other than TenderHeart will require prior authorization.</li> <li>*Providers are unable to request a supplier other than TenderHeart on behalf of the member.</li> <li>*Members must call Member Services at (866) 449-6849 (Medicaid/CHIP) or (877) 319-6826 (CHIP RSA) to make this request</li> </ul>	2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	T4523	ADLT SIZED DISPBL INCONT PROD BRF DIAPER LG EA	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> </ol>	Texas Medicaid Provider Procedures Manual	<ul style="list-style-type: none"> <li>*Requests for incontinent supplies contact TenderHeart Health Solutions at (877) 394-1860.</li> <li>*All requests for incontinence supplies for a provider other than TenderHeart will require prior authorization.</li> <li>*Providers are unable to request a supplier other than TenderHeart on behalf of the member.</li> <li>*Members must call Member Services at (866) 449-6849 (Medicaid/CHIP) or (877) 319-6826 (CHIP RSA) to make this request</li> </ul>	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	T4524	ADLT SZD DISPBL INCONT PROD BRF DIAPER X-LG EA	Information generally required to support authorization decision making includes: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> </ol>	Texas Medicaid Provider Procedures Manual	<ul style="list-style-type: none"> <li>*Requests for incontinent supplies contact TenderHeart Health Solutions at (877) 394-1860.</li> <li>*All requests for incontinence supplies for a provider other than TenderHeart will require prior authorization.</li> <li>*Providers are unable to request a supplier other than TenderHeart on behalf of the member.</li> <li>*Members must call Member Services at (866) 449-6849 (Medicaid/CHIP) or (877) 319-6826 (CHIP RSA) to make this request</li> </ul>	2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	T4525	ADLT SZD DISPBL INCONT PROD UNDWEAR PULLON SM EA	Information generally required to support authorization decision making includes: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> </ol>	Texas Medicaid Provider Procedures Manual	<ul style="list-style-type: none"> <li>*Requests for incontinent supplies contact TenderHeart Health Solutions at (877) 394-1860.</li> <li>*All requests for incontinence supplies for a provider other than TenderHeart will require prior authorization.</li> <li>*Providers are unable to request a supplier other than TenderHeart on behalf of the member.</li> <li>*Members must call Member Services at (866) 449-6849 (Medicaid/CHIP) or (877) 319-6826 (CHIP RSA) to make this request</li> </ul>	2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	T4526	ADLT SZD DISPBL INCONT PROD UNDWEAR MED EA	Information generally required to support authorization decision making includes: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> </ol>	Texas Medicaid Provider Procedures Manual	<ul style="list-style-type: none"> <li>*Requests for incontinent supplies contact TenderHeart Health Solutions at (877) 394-1860.</li> <li>*All requests for incontinence supplies for a provider other than TenderHeart will require prior authorization.</li> <li>*Providers are unable to request a supplier other than TenderHeart on behalf of the member.</li> <li>*Members must call Member Services at (866) 449-6849 (Medicaid/CHIP) or (877) 319-6826 (CHIP RSA) to make this request</li> </ul>	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	T4527	ADLT SZD DISPBL INCONT PROD UNDWEAR PULLON LG EA	Information generally required to support authorization decision making includes: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> </ol>	Texas Medicaid Provider Procedures Manual	<ul style="list-style-type: none"> <li>*Requests for incontinent supplies contact TenderHeart Health Solutions at (877) 394-1860.</li> <li>*All requests for incontinence supplies for a provider other than TenderHeart will require prior authorization.</li> <li>*Providers are unable to request a supplier other than TenderHeart on behalf of the member.</li> <li>*Members must call Member Services at (866) 449-6849 (Medicaid/CHIP) or (877) 319-6826 (CHIP RSA) to make this request</li> </ul>	2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	T4528	ADLT SZD DISPBL INCONT PROD UNDWEAR XTRA LG EA	Information generally required to support authorization decision making includes: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> </ol>	Texas Medicaid Provider Procedures Manual	<ul style="list-style-type: none"> <li>*Requests for incontinent supplies contact TenderHeart Health Solutions at (877) 394-1860.</li> <li>*All requests for incontinence supplies for a provider other than TenderHeart will require prior authorization.</li> <li>*Providers are unable to request a supplier other than TenderHeart on behalf of the member.</li> <li>*Members must call Member Services at (866) 449-6849 (Medicaid/CHIP) or (877) 319-6826 (CHIP RSA) to make this request</li> </ul>	2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	T4529	PED SZD DISPBL INCONT PROD BRF DIAPER SM MED EA	Information generally required to support authorization decision making includes: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> </ol>	Texas Medicaid Provider Procedures Manual	<ul style="list-style-type: none"> <li>*Requests for incontinent supplies contact TenderHeart Health Solutions at (877) 394-1860.</li> <li>*All requests for incontinence supplies for a provider other than TenderHeart will require prior authorization.</li> <li>*Providers are unable to request a supplier other than TenderHeart on behalf of the member.</li> <li>*Members must call Member Services at (866) 449-6849 (Medicaid/CHIP) or (877) 319-6826 (CHIP RSA) to make this request</li> </ul>	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	T4530	PED SZD DISPBL INCONT PROD BRF DIAPER LG SZ EA	Information generally required to support authorization decision making includes: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> </ol>	Texas Medicaid Provider Procedures Manual	*Requests for incontinent supplies contact TenderHeart Health Solutions at (877) 394-1860. *All requests for incontinence supplies for a provider other than TenderHeart will require prior authorization. *Providers are unable to request a supplier other than TenderHeart on behalf of the member. *Members must call Member Services at (866) 449-6849 (Medicaid/CHIP) or (877) 319-6826 (CHIP RSA) to make this request	2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	T4531	PED SZD DISPBL INCONT PROD UNWEAR SM MED EA	Information generally required to support authorization decision making includes: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> </ol>	Texas Medicaid Provider Procedures Manual	*Requests for incontinent supplies contact TenderHeart Health Solutions at (877) 394-1860. *All requests for incontinence supplies for a provider other than TenderHeart will require prior authorization. *Providers are unable to request a supplier other than TenderHeart on behalf of the member. *Members must call Member Services at (866) 449-6849 (Medicaid/CHIP) or (877) 319-6826 (CHIP RSA) to make this request	2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	T4532	PED SZD DISPBL INCONT PROD UNWEAR PULLON LG EA	Information generally required to support authorization decision making includes: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> </ol>	Texas Medicaid Provider Procedures Manual	*Requests for incontinent supplies contact TenderHeart Health Solutions at (877) 394-1860. *All requests for incontinence supplies for a provider other than TenderHeart will require prior authorization. *Providers are unable to request a supplier other than TenderHeart on behalf of the member. *Members must call Member Services at (866) 449-6849 (Medicaid/CHIP) or (877) 319-6826 (CHIP RSA) to make this request	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	T4533	YOUTH SIZED DISPBL INCONT PRODUCT BRF DIAPER EA	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> </ol>	Texas Medicaid Provider Procedures Manual	<p>*Requests for incontinent supplies contact TenderHeart Health Solutions at (877) 394-1860.</p> <p>*All requests for incontinence supplies for a provider other than TenderHeart will require prior authorization.</p> <p>*Providers are unable to request a supplier other than TenderHeart on behalf of the member.</p> <p>*Members must call Member Services at (866) 449-6849 (Medicaid/CHIP) or (877) 319-6826 (CHIP RSA) to make this request</p>	2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	T4534	YOUTH SZD DISPBL INCONT PROD UNDWEAR PULLON EA	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> </ol>	Texas Medicaid Provider Procedures Manual	<p>*Requests for incontinent supplies contact TenderHeart Health Solutions at (877) 394-1860.</p> <p>*All requests for incontinence supplies for a provider other than TenderHeart will require prior authorization.</p> <p>*Providers are unable to request a supplier other than TenderHeart on behalf of the member.</p> <p>*Members must call Member Services at (866) 449-6849 (Medicaid/CHIP) or (877) 319-6826 (CHIP RSA) to make this request</p>	2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	T4535	DISPBL LINER SHIELD GUARD PAD UNDGRMNT INCONT EA	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> </ol>	Texas Medicaid Provider Procedures Manual	<p>*Requests for incontinent supplies contact TenderHeart Health Solutions at (877) 394-1860.</p> <p>*All requests for incontinence supplies for a provider other than TenderHeart will require prior authorization.</p> <p>*Providers are unable to request a supplier other than TenderHeart on behalf of the member.</p> <p>*Members must call Member Services at (866) 449-6849 (Medicaid/CHIP) or (877) 319-6826 (CHIP RSA) to make this request</p>	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	T4536	INCONT PROD PROTVE UNDEWEAR PULLON REUSBL SIZE EA	Information generally required to support authorization decision making includes: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> </ol>	Texas Medicaid Provider Procedures Manual	*Requests for incontinent supplies contact TenderHeart Health Solutions at (877) 394-1860. *All requests for incontinence supplies for a provider other than TenderHeart will require prior authorization. *Providers are unable to request a supplier other than TenderHeart on behalf of the member. *Members must call Member Services at (866) 449-6849 (Medicaid/CHIP) or (877) 319-6826 (CHIP RSA) to make this request	2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	T4537	INCONT PROD PROTVE UNDPAD REUSABLE BED SIZE EA	Information generally required to support authorization decision making includes: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> </ol>	Texas Medicaid Provider Procedures Manual	*Requests for incontinent supplies contact TenderHeart Health Solutions at (877) 394-1860. *All requests for incontinence supplies for a provider other than TenderHeart will require prior authorization. *Providers are unable to request a supplier other than TenderHeart on behalf of the member. *Members must call Member Services at (866) 449-6849 (Medicaid/CHIP) or (877) 319-6826 (CHIP RSA) to make this request	2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	T4539	INCONTINENCE PRODUCT DIAPER BRF REUSABLE SIZE EA	Information generally required to support authorization decision making includes: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> </ol>	Texas Medicaid Provider Procedures Manual	*Requests for incontinent supplies contact TenderHeart Health Solutions at (877) 394-1860. *All requests for incontinence supplies for a provider other than TenderHeart will require prior authorization. *Providers are unable to request a supplier other than TenderHeart on behalf of the member. *Members must call Member Services at (866) 449-6849 (Medicaid/CHIP) or (877) 319-6826 (CHIP RSA) to make this request	2/21/2024



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Durable Medical Equipment (DME)	Prior to 9/1/2019	T4540	INCONT PROD PROTVE UNDPAD REUSABLE CHAIR SIZE EA	Information generally required to support authorization decision making includes: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> </ol>	Texas Medicaid Provider Procedures Manual	<ul style="list-style-type: none"> <li>*Requests for incontinent supplies contact TenderHeart Health Solutions at (877) 394-1860.</li> <li>*All requests for incontinence supplies for a provider other than TenderHeart will require prior authorization.</li> <li>*Providers are unable to request a supplier other than TenderHeart on behalf of the member.</li> <li>*Members must call Member Services at (866) 449-6849 (Medicaid/CHIP) or (877) 319-6826 (CHIP RSA) to make this request</li> </ul>	2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	T4541	INCONTINENCE PRODUCT DISPOSABLE UNDPAD LARGE EA	Information generally required to support authorization decision making includes: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> </ol>	Texas Medicaid Provider Procedures Manual	<ul style="list-style-type: none"> <li>*Requests for incontinent supplies contact TenderHeart Health Solutions at (877) 394-1860.</li> <li>*All requests for incontinence supplies for a provider other than TenderHeart will require prior authorization.</li> <li>*Providers are unable to request a supplier other than TenderHeart on behalf of the member.</li> <li>*Members must call Member Services at (866) 449-6849 (Medicaid/CHIP) or (877) 319-6826 (CHIP RSA) to make this request</li> </ul>	2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	T4542	INCONTINENCE PRODUCT DISPBL UNDPAD SMALL SIZE EA	Information generally required to support authorization decision making includes: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> </ol>	Texas Medicaid Provider Procedures Manual	<ul style="list-style-type: none"> <li>*Requests for incontinent supplies contact TenderHeart Health Solutions at (877) 394-1860.</li> <li>*All requests for incontinence supplies for a provider other than TenderHeart will require prior authorization.</li> <li>*Providers are unable to request a supplier other than TenderHeart on behalf of the member.</li> <li>*Members must call Member Services at (866) 449-6849 (Medicaid/CHIP) or (877) 319-6826 (CHIP RSA) to make this request</li> </ul>	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	T4543	ADULT SIZE DISP INCONTINENCE PROD ABOVE XL EA	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual	<p>*Requests for incontinent supplies contact TenderHeart Health Solutions at (877) 394-1860.</p> <p>*All requests for incontinence supplies for a provider other than TenderHeart will require prior authorization.</p> <p>*Providers are unable to request a supplier other than TenderHeart on behalf of the member.</p> <p>*Members must call Member Services at (866) 449-6849 (Medicaid/CHIP) or (877) 319-6826 (CHIP RSA) to make this request</p>	2/21/2024
Durable Medical Equipment (DME)	10/1/2023	T4544	ADULT SIZE DISPBL INCONT PULLUP ABVE EXTRA LG EA	<p>Information generally required to support authorization decision making includes:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul> <p>CMS DME 6 Element Order</p> <ol style="list-style-type: none"> <li>1. Beneficiary's name</li> <li>2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number</li> <li>3. Quantity</li> <li>4. Signature of the prescribing physician/practitioner</li> <li>5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)</li> <li>6. The date of the order</li> </ol>	Texas Medicaid Provider Procedures Manual	<p>*Requests for incontinent supplies contact TenderHeart Health Solutions at (877) 394-1860.</p> <p>*All requests for incontinence supplies for a provider other than TenderHeart will require prior authorization.</p> <p>*Providers are unable to request a supplier other than TenderHeart on behalf of the member.</p> <p>*Members must call Member Services at (866) 449-6849 (Medicaid/CHIP) or (877) 319-6826 (CHIP RSA) to make this request</p>	2/21/2024
Experimental and Investigational	Prior to 9/1/2019	0085T	BREATH TEST HEART TRANSPLANT REJECTION	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		2/21/2024
Experimental and Investigational	Prior to 9/1/2019	0101T	EXTRCORPL SHOCK WAVE MUSCSKELE NOS HIGH ENERGY	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Experimental and Investigational	10/1/2020	0206U	NEURO ALZHEIMER CELL AGGREGI	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		2/21/2024
Experimental and Investigational	10/1/2020	0207U	NEURO ALZHEIMER QUAN IMAGING	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		2/21/2024
Experimental and Investigational	Prior to 9/1/2019	0214T	NJX DX THER PARAVERT BRCT JT W US CER THOR 2ND LVL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Facet Joint / MBB Diagnostic Injections for Chronic Spinal Pain		2/21/2024
Experimental and Investigational	Prior to 9/1/2019	0215T	NJX PARAVERTBR FACET JT W US CER THOR 3RD AND OVER LVL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Facet Joint / MBB Diagnostic Injections for Chronic Spinal Pain		2/21/2024
Experimental and Investigational	Prior to 9/1/2019	0216T	NJX DX THER PARAVERT BRCT JT W US LUMB SAC 1 LVL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Facet Joint / MBB Diagnostic Injections for Chronic Spinal Pain		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Experimental and Investigational	Prior to 9/1/2019	0217T	NIX DX THER PARAVR FCT JT W US LUMB SAC LVL 2	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Facet Joint / MBB Diagnostic Injections for Chronic Spinal Pain		2/21/2024
Experimental and Investigational	Prior to 9/1/2019	0218T	NIX PARAVRTRBL FCT JT W US LUMB SAC 3RD AND OVER LVL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Facet Joint / MBB Diagnostic Injections for Chronic Spinal Pain		2/21/2024
Experimental and Investigational	Prior to 9/1/2019	0274T	PERC LAMINO- LAMINECTOMY IMAGE GUIDE CERV THORAC	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		2/21/2024
Experimental and Investigational	Prior to 9/1/2019	0275T	PERC LAMINO- LAMINECTOMY INDIR IMAG GUIDE LUMBAR	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		2/21/2024
Experimental and Investigational	Prior to 9/1/2019	0278T	TRNSCUT ELECT MODLATION PAIN REPROCES EA TX SESS	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		2/21/2024

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Experimental and Investigational	Prior to 9/1/2019	0362T	BEHAVIOR ID SUPPORT ASSMT EA 15 MIN TECH TIME	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		2/21/2024
Experimental and Investigational	Prior to 9/1/2019	0402T	COLLAGEN CROSS-LINKING OF CORNEA MED SEPARATE	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		2/21/2024
Experimental and Investigational	Prior to 9/1/2019	0479T	FRACTIONAL ABL LSR FENESTRATION FIRST 100 SQCM	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		2/21/2024
Experimental and Investigational	Prior to 9/1/2019	0483T	TMVI W PROSTHETIC VALVE PERCUTANEOUS APPROACH	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		2/21/2024
Experimental and Investigational	Prior to 9/1/2019	0484T	TMVI W PROSTHETIC VALVE TRANSTHORACIC EXPOSURE	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Experimental and Investigational	Prior to 9/1/2019	0488T	DIABETES PREV ONLINE ELECTRONIC PRGRM PR 30 DAYS	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		2/21/2024
Experimental and Investigational	4/1/2020	0565T	AUTOL CELL IMPLT ADPS TISS HRVG CELL IMPLT CRTJ	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		2/21/2024
Experimental and Investigational	4/1/2020	0566T	AUTOL CELL IMPLT ADPS TISS NJX IMPLT KNEE UNI	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		2/21/2024
Experimental and Investigational	4/1/2020	0569T	TTVR PERCUTANEOUS APPROACH INITIAL PROSTHESIS	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		2/21/2024
Experimental and Investigational	4/1/2020	0570T	TVR PERCUTANEOUS APPROACH EACH ADDL PROSTHESIS	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Experimental and Investigational	7/1/2020	0609T	MRS DISCOGENIC PAIN ACQUISJ SINGLE VOXEL DATA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/21/2024
Experimental and Investigational	7/1/2020	0610T	MRS DISCOGENIC PAIN TRANSMIS BMRK DATA SW ALYS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/21/2024
Experimental and Investigational	7/1/2020	0611T	MRS DISCOGENIC PAIN ALGORTHMIC ALYS BMRK DATA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/21/2024
Experimental and Investigational	7/1/2020	0612T	MRS DISCOGENIC PAIN INTERPRETATION AND REPORT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/21/2024
Experimental and Investigational	1/1/2023	0738T	TX PLANNING MAG FLD INDCTJ ABLTJ MAL PRST8 TISS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Experimental and Investigational	1/1/2023	0770T	VIRTUAL REALITY TECHNOLOGY TO ASSIST THERAPY	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		2/21/2024
Experimental and Investigational	1/1/2023	0771T	VR PX DISSOC SVC SAME PHYS/QHP 1ST 15 MIN 5YR/>	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		2/21/2024
Experimental and Investigational	1/1/2023	0772T	VR PX DISSOC SVC SAME PHYS/QHP EA ADDL 15 MIN	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		2/21/2024
Experimental and Investigational	1/1/2023	0773T	VR PX DISSOC SVC OTH PHYS/QHP 1ST 15 MIN 5YR/>	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		2/21/2024
Experimental and Investigational	1/1/2023	0774T	VR PX DISSOC SVC OTHER PHYS/QHP EA ADDL 15 MIN	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		2/21/2024



Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Experimental and Investigational	1/1/2023	0776T	THERAPEUTIC INDUCTION OF INTRA-BRAIN HYPOTHERMIA	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		2/21/2024
Experimental and Investigational	1/1/2023	0777T	R-T PRESSURE SENSING EPIDURAL GUIDANCE SYSTEM	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		2/21/2024
Experimental and Investigational	1/1/2023	0778T	SMMG CNCRNT APPL IMU SNR MEAS ROM POST GAIT MUSC	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		2/21/2024
Experimental and Investigational	1/1/2023	0779T	GI MYOELECTRICAL ACTIVITY STUDY STMCH-COLON I&R	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		2/21/2024
Experimental and Investigational	1/1/2023	0781T	BRNHSC RF DSTRJ PULM NRV BI MAINSTEM BRONCHI	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Experimental and Investigational	1/1/2023	0782T	BRNHSC RF DSTRJ PULM NRV UNI MAINSTEM BRONCHUS	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		2/21/2024
Experimental and Investigational	10/1/2023	0793T	PERQ TCAT THRM ABLTJ NERVES INNERVATING P-ART	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Additional information is required to define this code and determine criteria.		2/21/2024
Experimental and Investigational	10/1/2023	0794T	PT SPEC ALG RANKING PHARMACOONCOLOGIC TX OPTIONS	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Additional information is required to define this code and determine criteria.		2/21/2024
Experimental and Investigational	10/1/2023	0795T	TCAT INSJ PERM DUAL CHAMBER LDLS PM COMPL SYS	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Additional information is required to define this code and determine criteria.		2/21/2024
Experimental and Investigational	10/1/2023	0796T	TCAT INSJ PERM 2CHMBR LDLS PM R ATR PM COMPNT D	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Additional information is required to define this code and determine criteria.		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Experimental and Investigational	10/1/2023	0797T	TCAT INSJ PERM 2CHMBR LDLS PM R VENTR PM COMPNT	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Additional information is required to define this code and determine criteria.		2/21/2024
Experimental and Investigational	10/1/2023	0798T	TCAT RMVL PERM DUAL CHAMBER LDLS PM COMPL SYS	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Additional information is required to define this code and determine criteria.		2/21/2024
Experimental and Investigational	10/1/2023	0799T	TCAT RMVL PERM 2CHMBR LDLS PM R ATR PM COMPNT	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Additional information is required to define this code and determine criteria.		2/21/2024
Experimental and Investigational	10/1/2023	0800T	TCAT RMVL PERM 2CHMBR LDLS PM R VENTR PM COMPNT	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Additional information is required to define this code and determine criteria.		2/21/2024
Experimental and Investigational	10/1/2023	0801T	TCAT RMVL&RPLCMT PERM 2CHMBR LDLS PM 2CHMBR SYS	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Additional information is required to define this code and determine criteria.		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Experimental and Investigational	10/1/2023	0802T	TCAT RMVL&RPLCMT PERM 2CHMBR LDLS PM R ATR CMPNT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.		2/21/2024
Experimental and Investigational	10/1/2023	0803T	TCAT RMVL&RPLCMT PRM 2CHMBR LDLS PM R VNTR CMPNT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.		2/21/2024
Experimental and Investigational	10/1/2023	0805T	TCAT SUPR&IVC PROSTC VLV IMPLTJ PERQ FEM VN APPR D	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.		2/21/2024
Experimental and Investigational	10/1/2023	0806T	TCAT SUPR&IVC PROSTC VLV IMPLTJ OPEN FEM VN APPR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.		2/21/2024
Experimental and Investigational	4/1/2020	34717	EVASC RPR ILAC ART BIFUR ENDGRFT CATHJ RS AND I UNI	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/21/2024

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Experimental and Investigational	1/1/2023	43290	ESPHGGSTRUDNSPCY, FLXIBL, TRNSORAL; WITH DPLYMNT OF INTRGASTRIC BARIATRIC BALLON	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		2/21/2024
Experimental and Investigational	4/1/2020	46948	LIGATION HEMORRHOID BUNDLE W US	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		2/21/2024
Experimental and Investigational	1/1/2021	93895	CAROTID INTIMA MEDIA & CAROTID ATHEROMA EVAL BI	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information</li> </ul>	Molina Clinical Policy: Measurement of Carotid Intima-Media Thickness for Prediction of Clinical Vascular Events.		2/21/2024
Experimental and Investigational	Prior to 9/1/2019	95803	ACTIGRAPHY TESTING RECORDING ANALYSIS I AND R	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		2/21/2024
Experimental and Investigational	Prior to 9/1/2019	A4563	RECTAL CNTRL SYS VAG INSRT LT USE ANY TYPE EA	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Experimental and Investigational	Prior to 9/1/2019	C9752	DESTRUC IO BASIVERTEB NERV 1ST 2 VERT B LUMB SAC	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		2/21/2024
Experimental and Investigational	Prior to 9/1/2019	C9753	DESTRUC IO BASIVERTEB NERV EA ADD VERT BODY LS	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		2/21/2024
Experimental and Investigational	7/1/2022	C9782	BLD PROC NYHA CLS II/III HF/CCS CLS III/IV CRA	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		2/21/2024
Experimental and Investigational	10/1/2023	C9784	ENDO SLEEVE GASTRO W/TUBE	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Additional information is required to define this code and determine criteria.		2/21/2024
Experimental and Investigational	10/1/2023	C9785	ENDO OUTLET RESTRICT W/TUBE	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Additional information is required to define this code and determine criteria.		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Experimental and Investigational	10/1/2023	C9787	GASTRIC EP MAPG SIMULT PT SX	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Additional information is required to define this code and determine criteria.		2/21/2024
Experimental and Investigational	7/1/2023	E1905	VIRTUAL REALITY CBT INCLUDING PP TX SOFTWARE	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Prescription Digital Therapeutics		2/21/2024
Experimental and Investigational	1/1/2021	K1007	BIL HKAFO DEVC PWR INCL PELV COMP UP KNEE JOINTS	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		2/21/2024
Experimental and Investigational	Prior to 9/1/2019	L8608	MISC EXT COMP SPL ACSS FOR ARGUS II RET PROS SYS	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	0005U	ONCO PRST8 GENE XPRS PRFL 3 GENE UR ALG RSK SCOR	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Genetic Testing		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Genetic Counseling and Testing	Prior to 9/1/2019	0006M	ONCOLOGY HEP MRNA 161 GENES RISK CLASSIFIER	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Genetic Testing		2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	0007M	ONCOLOGY GASTRO 51 GENES NOMOGRAM DISEASE INDEX	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Genetic Testing		2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	0009M	FETAL ANEUPLOIDY 21 18 SEQ ANALY TRISOM RISK	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	0009U	ONC BRST CA ERBB2 COPY NUMBER FISH AMP NONAMP	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Genetic Testing		2/21/2024
Genetic Counseling and Testing	10/1/2019	0022U	TRGT GEN SEQ ALYS NONSM LNG NEO DNA AND RNA 23 GENES	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Genetic Testing		2/21/2024



Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Genetic Counseling and Testing	Prior to 9/1/2019	0037U	TRGT GEN SEQ ALYS SLD ORGN NEO DNA 324 GENES	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Genetic Testing		2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	0057U	ONC SLD ORG NEO MRNA 51 GENES ALG NML PCT RANK	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Genetic Testing		2/21/2024
Genetic Counseling and Testing	10/1/2020	0070U	CYP2D6 GENE ANALYSIS COMMON AND SELECT RARE VRNTS	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Genetic Testing		2/21/2024
Genetic Counseling and Testing	4/1/2020	0140U	NFCT DS FUNGAL PATHOGEN ID DNA 15 FUNGAL TARGETS	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Genetic Testing		2/21/2024
Genetic Counseling and Testing	4/1/2020	0152U	NFCT DS MCRB CLL FR DNA UNTRGT NEXT GENRJ SEQ	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Genetic Testing		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Genetic Counseling and Testing	4/1/2020	0153U	ONC BREAST MRNA 101 GENES	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Genetic Testing		2/21/2024
Genetic Counseling and Testing	4/1/2020	0154U	ONC UROTHELIAL CANCER RNA RT-PCR FGFR3 GENE ALYS	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Genetic Testing		2/21/2024
Genetic Counseling and Testing	4/1/2020	0155U	ONC BRST CA DNA PIK3CA GENE ALYS BRST TUM TISS	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Genetic Testing		2/21/2024
Genetic Counseling and Testing	7/1/2020	0172U	ONC SLD TUM SOMATIC MUT ALYS BRCA1 BRCA2 ALG	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Genetic Testing		2/21/2024
Genetic Counseling and Testing	7/1/2020	0173U	PSYCHIATRY GEN ALYS PNL W/VARIANT ALYS 14 GENES	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Genetic Testing		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Genetic Counseling and Testing	7/1/2020	0174U	ONC SOLID TUM MASS SPECTROMETRIC 30 PROTEIN TRGT	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Genetic Testing		2/21/2024
Genetic Counseling and Testing	7/1/2020	0175U	PSYCHIATRY GEN ALYS PNL W/VARIANT ALYS 15 GENES	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Genetic Testing		2/21/2024
Genetic Counseling and Testing	7/1/2020	0179U	ONC NONSM CLL LNG CA CELL FREE DNA ALYS 23 GEN	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Genetic Testing		2/21/2024
Genetic Counseling and Testing	7/1/2020	0196U	LU GNOTYP GENE ANALYSIS BCAM EXON 3	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Genetic Testing		2/21/2024
Genetic Counseling and Testing	10/1/2020	0209U	CYTOG CONST ALYS INTERROG	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Genetic Testing		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Genetic Counseling and Testing	10/1/2020	0215U	RARE DS XOM DNA ALYS EA COMP	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Genetic Testing		2/21/2024
Genetic Counseling and Testing	10/1/2020	0216U	NEURO INH ATAXIA DNA 12 COM	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Genetic Testing		2/21/2024
Genetic Counseling and Testing	10/1/2020	0217U	NEURO INH ATAXIA DNA 51 GENE	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Genetic Testing		2/21/2024
Genetic Counseling and Testing	10/1/2020	0218U	NEURO MUSC DYS DMD SEQ ALYS	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Genetic Testing		2/21/2024
Genetic Counseling and Testing	1/1/2021	0239U	TRGT GEN SEQ ALYS SLD ORGN NEO CLL-FR DNA 311 Plus	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Genetic Testing		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Genetic Counseling and Testing	4/1/2024	0345U	PSYC GENOMIC ALYS PANEL VARIANT ALYS 15 GENES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria		5/29/2024
Genetic Counseling and Testing	10/1/2023	0387U	ONC MLNMA AMBRA1&LORICRIN IMHCHEM FPPE TISS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.		2/21/2024
Genetic Counseling and Testing	10/1/2023	0388U	ONC NONSM CLL LNG CA NXT GNRJ SEQ 37 CA RLTD GEN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.		2/21/2024
Genetic Counseling and Testing	10/1/2023	0389U	PED FEBRILE ILNES KAWASAKI DS IFI27&MCEP1 RNA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.		2/21/2024
Genetic Counseling and Testing	10/1/2023	0390U	OB PREECLAMPSIA KDR ENDOGLIN&RBP4 IA SRM ALG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.		2/21/2024

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Genetic Counseling and Testing	10/1/2023	0391U	OB PREECLAMPSIA KDR ENDOGLIN&RBP4 IA SRM ALG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.		2/21/2024
Genetic Counseling and Testing	10/1/2023	0392U	RX METAB GEN-RX IA VRNT ALYS 16 GENES CYP2D6	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.		2/21/2024
Genetic Counseling and Testing	10/1/2023	0393U	NEURO PRKNSN CSF DETCJ MSFLD A SYNCLN PRTN QUAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.		2/21/2024
Genetic Counseling and Testing	10/1/2023	0394U	PFAS 16 PFAS COMPND LC MS/MS PLSM/SRM QUAN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.		2/21/2024
Genetic Counseling and Testing	10/1/2023	0395U	ONC LUNG MULTIOMICS PLASMA ALG MAL RISK LNG NDUL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.		2/21/2024

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Genetic Counseling and Testing	10/1/2023	0396U	OB PREIMPLTJ TST EVAL 300000 DNA 1NUCLEOTIDE	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Additional information is required to define this code and determine criteria.		2/21/2024
Genetic Counseling and Testing	10/1/2023	0398U	GI BARRETT ESOPH DNA MTHYLTN ALYS ALG DYSP/CA	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Additional information is required to define this code and determine criteria.		2/21/2024
Genetic Counseling and Testing	10/1/2023	0399U	U NEURO CEREBRAL FOLATE DEFICIENCY SERUM QUAN	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Additional information is required to define this code and determine criteria.		2/21/2024
Genetic Counseling and Testing	10/1/2023	0400U	OB XPND CAR SCR 145 GEN NXT GNRJ SEQ FRAG ALYS	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Additional information is required to define this code and determine criteria.		2/21/2024
Genetic Counseling and Testing	10/1/2023	0401U	CRD C HRT DS 9 GEN 12 VRNTS TRGT VRNT GNOTYP ALG	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Additional information is required to define this code and determine criteria.		2/21/2024

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Genetic Counseling and Testing	10/1/2023	0403U	ONC PROSTATE MRNA GENE XPRSN PRFLG 18 URINE ALG	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Additional information is required to define this code and determine criteria.		2/21/2024
Genetic Counseling and Testing	10/1/2023	0404U	ONC BRST CA SEMIQ MEAS THYMIDINE KINASE ACTV IA	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Additional information is required to define this code and determine criteria.		2/21/2024
Genetic Counseling and Testing	10/1/2023	0405U	ONC BRST CA SEMIQ MEAS THYMIDINE KINASE ACTV IA	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Additional information is required to define this code and determine criteria.		2/21/2024
Genetic Counseling and Testing	10/1/2023	0406U	ONC LUNG FLOW CYTOMETRY SPUTUM 5 MARKERS ALG	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Additional information is required to define this code and determine criteria.		2/21/2024
Genetic Counseling and Testing	10/1/2023	0407U	NEPHROLOGY DIABETIC CKD MULT ECLIA PLASMA ALG	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Additional information is required to define this code and determine criteria.		2/21/2024



Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Genetic Counseling and Testing	10/1/2023	0409U	ONC SLD TUM DNA 80&RNA 36 GEN NEXT GNRJ SEQ PLSM	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Additional information is required to define this code and determine criteria.		2/21/2024
Genetic Counseling and Testing	10/1/2023	0410U	ONC PNCRTC DNA WHL GN SEQ S-HYDROXYMETHYLCYTO SN	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Additional information is required to define this code and determine criteria.		2/21/2024
Genetic Counseling and Testing	10/1/2023	0411U	PSYC GENOMIC ALYS PANEL VARIANT ALYS 15 GENES	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Additional information is required to define this code and determine criteria.		2/21/2024
Genetic Counseling and Testing	10/1/2023	0412U	BETA AMYLOID AB42/40 IMPRCIP QUAN LCMS/MS ALG	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Additional information is required to define this code and determine criteria.		2/21/2024
Genetic Counseling and Testing	10/1/2023	0413U	ONC HL NEO OPT GEN MAPG CPY NMBR ALTERATIONS DNA	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Additional information is required to define this code and determine criteria.		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Genetic Counseling and Testing	10/1/2023	0414U	ONC LUNG AUGMNT ALG ALYS DGTZ WHOL SLD IMG 8 GEN	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Additional information is required to define this code and determine criteria.		2/21/2024
Genetic Counseling and Testing	10/1/2023	0415U	CV DS ACS IA ALG BLOOD 5 YEAR DE RISK SCORE ACS	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Additional information is required to define this code and determine criteria.		2/21/2024
Genetic Counseling and Testing	10/1/2023	0417U	RARE DS WHL MITOCHDRL GEN SEQ ALYS 335 NUC GENES	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Additional information is required to define this code and determine criteria.		2/21/2024
Genetic Counseling and Testing	10/1/2023	0418U	ONC BRST AUGMNT ALG ALYS DGTZ WHOL SLD IMG 8FEAT	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Additional information is required to define this code and determine criteria.		2/21/2024
Genetic Counseling and Testing	10/1/2023	0419U	NEUROPSYCHIATRY GEN SEQ ALYS PNL VRNT ALY 13 GEN	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Additional information is required to define this code and determine criteria.		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Genetic Counseling and Testing	4/1/2020	80145	DRUG ASSAY ADALIMUMAB	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Genetic Testing		2/21/2024
Genetic Counseling and Testing	4/1/2020	80187	DRUG ASSAY POSACONAZOLE	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Genetic Testing		2/21/2024
Genetic Counseling and Testing	4/1/2020	80230	DRUG ASSAY INFLIXIMAB	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Genetic Testing		2/21/2024
Genetic Counseling and Testing	4/1/2020	80235	DRUG ASSAY LACOSAMIDE	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Genetic Testing		2/21/2024
Genetic Counseling and Testing	4/1/2020	80280	DRUG ASSAY VEDOLIZUMAB	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Genetic Testing		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Genetic Counseling and Testing	4/1/2020	80285	DRUG ASSAY VORICONAZOLE	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Genetic Testing		2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81120	IDH1 COMMON VARIANTS	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Genetic Testing		2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81121	IDH2 COMMON VARIANTS	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Genetic Testing		2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81161	DMD DUPLICATION DELETION ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Genetic Testing		2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81162	BRCA1 BRCA2 GENE ALYS FULL SEQ FULL DUP DEL ALYS	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Genetic Counseling and Testing	Prior to 9/1/2019	81163	BRCA1 BRCA2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81164	BRCA1 BRCA2 GENE ANALYSIS FULL DUP DEL ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81165	BRCA1 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81166	BRCA1 GENE ANALYSIS FULL DUP DEL ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81167	BRCA2 GENE ANALYSIS FULL DUP DEL ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Genetic Counseling and Testing	1/1/2021	81168	CND1/IGH TRANSLOCATION ALYS MAJOR BP QUAL and QUAN	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information</li> </ul>	Molina Clinical Policy: Genetic Testing		2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81171	AFF2 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Genetic Testing		2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81172	AFF2 GENE ANALYSIS CHARACTERIZATION OF ALLELES	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Genetic Testing		2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81173	AR GENE ANALYSIS FULL GENE SEQUENCE	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Genetic Testing		2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81174	AR GENE ANALYSIS KNOWN FAMILIAL VARIANT	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Genetic Testing		2/21/2024

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Genetic Counseling and Testing	Prior to 9/1/2019	81175	ASXL1 GENE ANALYSIS FULL GENE SEQUENCE	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Genetic Testing		2/21/2024
Genetic Counseling and Testing	1/1/2021	81194	NTRK TRANSLOCATION ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information</li> </ul>	Molina Clinical Policy: Genetic Testing		2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81201	APC GENE ANALYSIS FULL GENE SEQUENCE	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81212	BRCA1 BRCA 2 GEN ALYS 185DELG 538SINSC 6174DELT	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81225	CYP2C19 GENE ANALYSIS COMMON VARIANTS	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		2/21/2024

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Genetic Counseling and Testing	Prior to 9/1/2019	81226	CYP2D6 GENE ANALYSIS COMMON VARIANTS	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81227	CYP2C9 GENE ANALYSIS COMMON VARIANTS	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81228	CYTOGENOM CONST MICROARRAY COPY NUMBER VARIANTS	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Genetic Testing		2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81229	CYTOGENOM CONST MICROARRAY COPY NUMBER AND SNP VAR	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Genetic Testing		2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81230	CYP3A4 GENE ANALYSIS COMMON VARIANTS	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Genetic Testing		2/21/2024



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Genetic Counseling and Testing	Prior to 9/1/2019	81231	CYP3A5 GENE ANALYSIS COMMON VARIANTS	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Genetic Testing		2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81232	DYPD GENE ANALYSIS COMMON VARIANTS	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Genetic Testing		2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81236	EZH2 GENE ANALYSIS FULL GENE SEQUENCE	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Genetic Testing		2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81237	EZH2 GENE ANALYSIS COMMON VARIANTS	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81239	DMPK GENE ANALYSIS CHARACTERIZATION OF ALLELES	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Genetic Testing		2/21/2024

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Genetic Counseling and Testing	Prior to 9/1/2019	81249	G6PD GENE ANALYSIS FULL GENE SEQUENCE	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Genetic Testing		2/21/2024
Genetic Counseling and Testing	1/1/2021	81275	KRAS GENE ANALYSIS VARIANTS IN EXON 2	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information</li> </ul>	Texas Medicaid Provider Procedures Manual		2/21/2024
Genetic Counseling and Testing	1/1/2021	81276	KRAS GENE ANALYSIS ADDITIONAL VARIANT(S)	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information</li> </ul>	Third Party Proprietary Criteria		2/21/2024
Genetic Counseling and Testing	1/1/2021	81277	CYTOGENOMIC NEOPLASIA MICROARRAY ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information</li> </ul>	Molina Clinical Policy: Genetic Testing		2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81287	MGMT GENE PROMOTER METHYLATION ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Genetic Testing		2/21/2024

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Genetic Counseling and Testing	Prior to 9/1/2019	81292	MLH1 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81295	MSH2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81298	MSH6 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81306	NUDT15 GENE ANALYSIS COMMON VARIANTS	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Genetic Testing		2/21/2024
Genetic Counseling and Testing	4/1/2020	81307	PALB2 GENE ANALYSIS (FULL GENE SEQ)	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Genetic Testing		2/21/2024

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Genetic Counseling and Testing	4/1/2020	81309	PIK3CA GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Genetic Testing		2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81314	PDGFRA GENE ANALYS TARGETED SEQUENCE ANALYS	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Genetic Testing		2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81317	PMS2 GENE ANALYSIS FULL SEQUENCE	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81321	PTEN GENE ANALYSIS FULL SEQUENCE ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Genetic Testing		2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81333	TGFB1 GENE ANALYSIS COMMON VARIANTS	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Genetic Testing		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Genetic Counseling and Testing	1/1/2021	81351	TP53 GENE ANALYSIS FULL GENE SEQUENCE	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information</li> </ul>	Molina Clinical Policy: Genetic Testing		2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81404	MOLECULAR PATHOLOGY PROCEDURE LEVEL 5	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Genetic Testing		2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81405	MOLECULAR PATHOLOGY PROCEDURE LEVEL 6	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Genetic Testing		2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81406	MOLECULAR PATHOLOGY PROCEDURE LEVEL 7	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Genetic Testing		2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81407	MOLECULAR PATHOLOGY PROCEDURE LEVEL 8	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Genetic Testing		2/21/2024

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Genetic Counseling and Testing	Prior to 9/1/2019	81408	MOLECULAR PATHOLOGY PROCEDURE LEVEL 9	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Genetic Testing		2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81410	AORTIC DYSFUNCTION DILATION GENOMIC SEQ ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Genetic Testing		2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81411	AORTIC DYSFUNCTION DILATION DUP DEL ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Genetic Testing		2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81412	ASHKENAZI JEWISH ASSOC DSRDRS GEN SEQ ANAL 9 GEN	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Genetic Testing		2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81413	CAR ION CHNNLPATH GENOMIC SEQ ALYS INC 10 GNS	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Genetic Testing		2/21/2024

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Genetic Counseling and Testing	Prior to 9/1/2019	81414	CAR ION CHNNLPATH DUP DEL GN ALYS PANEL 2 GENES	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Genetic Testing		2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81415	EXOME SEQUENCE ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Genetic Testing		2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81416	EXOME SEQUENCE ANALYSIS EACH COMPARATOR EXOME	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Genetic Testing		2/21/2024
Genetic Counseling and Testing	1/1/2023	81418	RX METAB GENOMIC SEQ ALYS PANEL AT LEAST 6 GENES	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Genetic Testing		2/21/2024
Genetic Counseling and Testing	1/1/2021	81419	EPILEPSY GENOMIC SEQUENCE ANALYSIS PANEL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Genetic Testing		2/21/2024

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Genetic Counseling and Testing	Prior to 9/1/2019	81422	FETAL CHROMOSOMAL MICRODELETION GENOMIC SEQ ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Genetic Testing		2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81425	GENOME SEQUENCE ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Genetic Testing		2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81426	GENOME SEQUENCE ANALYSIS EACH COMPARTOR GENOME	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Genetic Testing		2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81427	GENOME RE-EVALUATION OF PREVIOUSLY OBTAINED GENOME SEQ	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Genetic Testing		2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81430	HEARING LOSS GENOMIC SEQUENCE ANALYSIS 60 GENES	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Genetic Testing		2/21/2024



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Genetic Counseling and Testing	Prior to 9/1/2019	81431	HEARING LOSS DUP DEL ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Genetic Testing		2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81432	HEREDITARY BRST CA-RELATED GEN SEQ ANALYS 10 GEN	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Genetic Testing		2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81433	HEREDITARY BRST CA-RELATED DUP DEL ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Genetic Testing		2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81434	HEREDITARY RETINAL DSRDRS GEN SEQ ANALYS 15 GEN	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Genetic Testing		2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81435	HEREDITARY COLON CA DSRDRS GEN SEQ ANALYS 10 GEN	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Genetic Testing		2/21/2024

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Genetic Counseling and Testing	Prior to 9/1/2019	81436	HEREDITARY COLON CA DSRDRS DUP DEL ANALYS 5 GEN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing		2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81437	HEREDTRY NURONDCRN TUM DSRDRS GEN SEQ ANAL 6 GEN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing		2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81438	HEREDTRY NURONDCRN TUM DSRDRS DUP DEL ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing		2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81439	HEREDITARY CARDIOMYOPATHY GEN SEQ ANALYS 5 GEN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing		2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81440	NUCLEAR MITOCHONDRIAL 100 GENE GENOMIC SEQ	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing		2/21/2024

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Genetic Counseling and Testing	1/1/2023	81441	IBMFS SEQUENCE ANALYSIS PANEL AT LEAST 30 GENES	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Genetic Testing		2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81443	GENETIC TESTING FOR SEVERE INHERITED CONDITIONS	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Genetic Testing		2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81445	GEN SEQ ANALYS SOLID ORGAN NEOPLASM 5-50 GENE	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Genetic Testing		2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81448	HEREDITARY PERIPHERAL NEUROPATHY GEN SEQ PNL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Genetic Testing		2/21/2024
Genetic Counseling and Testing	1/1/2023	81449	TGSAP SOLID ORGAN NEOPLASM 5-50 RNA ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Genetic Testing		2/21/2024

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Genetic Counseling and Testing	Prior to 9/1/2019	81450	GEN SEQ ANALYS HEMATOLYMPHOID NEO 5-50 GENE	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Genetic Testing		2/21/2024
Genetic Counseling and Testing	1/1/2023	81451	TGSAP HEMATOLYMPHOID NEO/DO 5-50 RNA ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Genetic Testing		2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81455	GEN SEQ ANALYS SOL ORG HEMTOLMPHOID NEO 51 OR GRT GEN	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Genetic Testing		2/21/2024
Genetic Counseling and Testing	1/1/2023	81456	TGSAP SO/HEMATOLYMPHOID NEO/DO 51 OR GT RNA ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Genetic Testing		2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81460	WHOLE MITOCHONDRIAL GENOME	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Genetic Testing		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Genetic Counseling and Testing	Prior to 9/1/2019	81465	WHOLE MITOCHONDRIAL GENOME ANALYSIS PANEL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Genetic Testing		2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81470	X-LINKED INTELLECTUAL DBLT GENOMIC SEQ ANALYS	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Cell-Free DNA Screening for Chromosomal Aneuploidy <b>Prenatal Screening Only.</b> If member is not pregnant, use Molina Clinical Policy: Genetic Testing		2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81471	X-LINKED INTELLECTUAL DBLT DUP DEL GENE ANALYS	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Genetic Testing		2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81493	COR ART DISEASE MRNA GENE EXPRESSION 23 GENES	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Genetic Testing		2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81504	ONCOLOGY TISSUE OF ORIGIN SIMILAR SCOR ALGORITHM	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Genetic Testing		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Genetic Counseling and Testing	Prior to 9/1/2019	81518	ONCOLOGY BREAST MRNA GENE EXPRESSION 11 GENES	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Genetic Testing		2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81519	ONCOLOGY BREAST MRNA GENE EXPRESSION 21 GENES	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81520	ONC BREAST MRNA GENE XPRSN PRFL HYBRD 58 GENES	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Genetic Testing		2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81521	ONC BREAST MRNA MICRORA GENE XPRSN PRFL 70 GENES	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Genetic Testing		2/21/2024
Genetic Counseling and Testing	4/1/2020	81522	BREAST ONCOLOGY, MRNA, GENE EXPRESSION PROFILING	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Genetic Testing		2/21/2024

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Genetic Counseling and Testing	1/1/2022	81523	ONC BRST MRNA NEXT GNRJ SEQ GEN XPRSN 70 CNT and 31	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Genetic Testing		2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81525	ONCOLOGY COLON MRNA GENE EXPRESSION 12 GENES	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Genetic Testing		2/21/2024
Genetic Counseling and Testing	1/1/2021	81529	ONC CUTAN MLNMA MRNA GENE XPRS PRFL 31 GENES ALG	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information</li> </ul>	Molina Clinical Policy: Genetic Testing		2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81535	ONCOLOGY GYNE LIVE TUM CELL CLTR AND CHEMO RESP 1ST	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Genetic Testing		2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81536	ONCOLOGY GYNE LIVE TUM CELL CLTR AND CHEMO RESP ADD	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Genetic Testing		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Genetic Counseling and Testing	Prior to 9/1/2019	81538	ONCOLOGY LUNG MS 8-PROTEIN SIGNATURE	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Genetic Testing		2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81540	ONCOLOGY TUM UNKNOWN ORIGIN MRNA 92 GENES	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Genetic Testing		2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81541	ONC PRST8 MRNA GENE XPRSN PRF RT-PCR 46 GENES	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Genetic Testing		2/21/2024
Genetic Counseling and Testing	4/1/2020	81542	PROSTATE ONCOLOGY, MRNA, MICORARRAY GENE EXPRESSION PROFILING	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Genetic Testing		2/21/2024
Genetic Counseling and Testing	1/1/2021	81546	ONC THYR MRNA 10,196 GENES FINE NDL ASPIRATE ALG	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Genetic Testing		2/21/2024



Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Genetic Counseling and Testing	Prior to 9/1/2019	81551	ONC PRST8 PRMTR METHYLATION PRFL R-T PCR 3 GENES	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Genetic Testing		2/21/2024
Genetic Counseling and Testing	4/1/2020	81552	UVEAL MELANOMA, MRNA, GENE EXPRESSION PROFILING	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Genetic Testing		2/21/2024
Genetic Counseling and Testing	1/1/2021	81554	PULM DS IPF MRNA 190 GENE TRANSBRONCHIAL BX ALG	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Genetic Testing		2/21/2024
Genetic Counseling and Testing	1/1/2022	81560	RNSPLJ PED LVR and BWL MES CD154 Plus T CLL WHL PRPH BLD	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Genetic Testing		2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81595	CARDIOLOGY HRT TRNSPL MRNA GENE EXPRESS 20 GENES	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Genetic Testing		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Genetic Counseling and Testing	Prior to 9/1/2019	84999	UNLISTED CHEMISTRY PROCEDURE	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		2/21/2024
Genetic Counseling and Testing	4/1/2020	87563	IADNA MYCOPLASMA GENITALIUM AMPLIFIED PROBE TECH	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	S3722	DOSE OPTIMIZ AUC ANALY INFUSIONAL 5-FLUOROURACIL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Genetic Testing		2/21/2024
All Home Health Care Services	Prior to 9/1/2019	G0151	SERVICE PHYS THERAP HOME HLTH HOSPICE EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria		2/21/2024
All Home Health Care Services	Prior to 9/1/2019	G0152	SERVICE OCCUP THERAP HOME HLTH HOSPICE EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
All Home Health Care Services	Prior to 9/1/2019	G0153	SRVC SPCH AND LANG PATH HOME HLTH HOSPICE EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria		2/21/2024
All Home Health Care Services	Prior to 9/1/2019	G0155	SRVC CLINICAL SOCIAL WORKER HH HOSPICE EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria		2/21/2024
All Home Health Care Services	Prior to 9/1/2019	G0156	SRVC HH HOSPICE AIDE IN HH HOSPICE SET EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		2/21/2024
All Home Health Care Services	Prior to 9/1/2019	G0157	SERVICES PT ASSIST HOME HEALTH HOSPICE EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria		2/21/2024
All Home Health Care Services	Prior to 9/1/2019	G0158	SERVICE OT ASSIST HOME HEALTH HOSPICE EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
All Home Health Care Services	Prior to 9/1/2019	G0159	SERVICES PT HOME HEALTH EST DEL PT MP EA 15 MINS	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria		2/21/2024
All Home Health Care Services	Prior to 9/1/2019	G0160	SERVICES OT HOME HEALTH EST DEL OT MP EA 15 MINS	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria		2/21/2024
All Home Health Care Services	Prior to 9/1/2019	G0161	SERVICE SLP HH EST DEL SPCH-LANG PATH MP EA 15 M	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria		2/21/2024
All Home Health Care Services	Prior to 9/1/2019	G0162	SKILLED SERVICE RN M AND E PLAN OF CARE; EA 15 MINS	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		2/21/2024
All Home Health Care Services	7/1/2023	G0299	DIRECT SNS RN HOME HEALTH HOSPICE SET EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual	<b>Participating Providers:</b> Initial admit visit and six (6) subsequent visits do not require prior authorization. All visits after that point require prior authorization.  <b>Non-participating Providers:</b> All visits require prior authorization.	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
All Home Health Care Services	7/1/2023	G0300	DIRECT SNS LPN HOME HLTH HOSPICE SET EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual	<b>Participating Providers:</b> Initial admit visit and six (6) subsequent visits do not require prior authorization. All visits after that point require prior authorization.  <b>Non-participating Providers:</b> All visits require prior authorization.	2/21/2024
All Home Health Care Services	Prior to 9/1/2019	G0490	FACE-TO-FACE HH NSG VST RHC FQHC AREA SHTG HHA	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria		2/21/2024
All Home Health Care Services	Prior to 9/1/2019	G0493	SKILLED SERVICES RN OBV AND ASMT PT COND EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria		2/21/2024
All Home Health Care Services	Prior to 9/1/2019	G0494	SKILLED SRVC LPN OBS AND ASMT PT COND EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria		2/21/2024
All Home Health Care Services	Prior to 9/1/2019	G0495	SKD SRVC RN TRAIN AND EDU PT FAM HH HOSPC EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
All Home Health Care Services	Prior to 9/1/2019	G0496	SKD SRVC LPN TRAIN AND EDU PT FAM HH HOSPC E 15 MIN	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria		2/21/2024
All Home Health Care Services	Prior to 9/1/2019	S5116	HOME CARE TRAINING NON-FAMILY; PER SESSION	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria		2/21/2024
All Home Health Care Services	Prior to 9/1/2019	S5130	HOMEMAKER SERVICE NOS; PER 15 MINUTES	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria		2/21/2024
All Home Health Care Services	Prior to 9/1/2019	S5135	COMPANION CARE ADULT ; PER 15 MINUTES	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria		2/21/2024
All Home Health Care Services	Prior to 9/1/2019	S5151	UNSKILLED RESPITE CARE NOT HOSPICE; PER DIEM	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
All Home Health Care Services	7/1/2023	S9110	TELEMONITORING PT HOME ALL NEC EQUIP; PER MONTH	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		2/21/2024
All Home Health Care Services	Prior to 9/1/2019	S9122	HOM HLTH AIDE CERT NURSE ASST PROV CARE HOM;-HR	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria		2/21/2024
All Home Health Care Services	Prior to 9/1/2019	S9123	NURSING CARE THE HOME; REGISTERED NURSE PER HOUR	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria		2/21/2024
All Home Health Care Services	Prior to 9/1/2019	S9124	NURSING CARE IN THE HOME; BY LPN PER HOUR	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria		2/21/2024
All Home Health Care Services	Prior to 9/1/2019	S9128	SPEECH THERAPY IN THE HOME PER DIEM	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
All Home Health Care Services	Prior to 9/1/2019	S9129	OCCUPATIONAL THERAPY IN THE HOME PER DIEM	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria		2/21/2024
All Home Health Care Services	Prior to 9/1/2019	S9131	PHYSICAL THERAPY; IN THE HOME PER DIEM	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria		2/21/2024
All Home Health Care Services	Prior to 9/1/2019	S9470	NUTRITIONAL COUNSELING DIETITIAN VISIT	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria		2/21/2024
All Home Health Care Services	Prior to 9/1/2019	S9977	MEALS PER DIEM NOT OTHERWISE SPECIFIED	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria		2/21/2024
All Home Health Care Services	Prior to 9/1/2019	T1000	PRIV DUTY INDEPEND NRS SERVICE LIC UP 15 MIN	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		2/21/2024



Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
All Home Health Care Services	Prior to 9/1/2019	T1002	RN SERVICES UP TO 15 MINUTES	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		2/21/2024
All Home Health Care Services	Prior to 9/1/2019	T1003	LPN LVN SERVICES UP TO 15 MINUTES	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		2/21/2024
All Home Health Care Services	Prior to 9/1/2019	T1005	RESPITE CARE SERVICES UP TO 15 MINUTES	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria		2/21/2024
All Home Health Care Services	10/1/2019	T1019	PERSONAL CARE SERVICES PER 15 MINUTES	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		2/21/2024
All Home Health Care Services	Prior to 9/1/2019	T1022	CONTRACT HOME HEALTH SRVC UNDER CONTRACT DAY	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
All Home Health Care Services	Prior to 9/1/2019	T1030	NURSING CARE THE HOME REGISTERED NURSE PER DIEM	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria		2/21/2024
All Home Health Care Services	Prior to 9/1/2019	T1031	NURSING CARE IN THE HOME BY LPN PER DIEM	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria		2/21/2024
Hyperbaric/Wound Therapy	Prior to 9/1/2019	99183	PHYS QHP ATTN AND SUPVJ HYPRBARIC OXYGEN TX SESSION	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		2/21/2024
Hyperbaric/Wound Therapy	10/1/2022	A2001	INNOVAMATRIX AC PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria		2/21/2024
Hyperbaric/Wound Therapy	10/1/2022	A2002	MIRRAGEN ADVANCED WOUND MATRIX PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Hyperbaric/Wound Therapy	7/1/2023	A2019	Kerecis Omega3 MariGen Shield, per sq cm	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Skin Substitutes for Chronic Wound Healing - Outpatient		2/21/2024
Hyperbaric/Wound Therapy	7/1/2023	A2020	ACS Advanced Wound System	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Skin Substitutes for Chronic Wound Healing - Outpatient		2/21/2024
Hyperbaric/Wound Therapy	7/1/2023	A2021	NeoMatriX, per sq cm	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Skin Substitutes for Chronic Wound Healing - Outpatient		2/21/2024
Hyperbaric/Wound Therapy	Prior to 9/1/2019	G0277	HPO UND PRESS FULL BODY CHMBR PER 30 MIN INT	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		2/21/2024
Hyperbaric/Wound Therapy	10/1/2022	Q4100	SKIN SUBSTITUTE NOT OTHERWISE SPECIFIED	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Skin Substitutes for Chronic Wound Healing - Outpatient		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Hyperbaric/Wound Therapy	10/1/2022	Q4101	APLIGRAF PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Skin Substitutes for Chronic Wound Healing - Outpatient		2/21/2024
Hyperbaric/Wound Therapy	10/1/2022	Q4106	DERMAGRAFT PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Skin Substitutes for Chronic Wound Healing - Outpatient		2/21/2024
Hyperbaric/Wound Therapy	10/1/2022	Q4121	THERASKIN PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Skin Substitutes for Chronic Wound Healing - Outpatient		2/21/2024
Hyperbaric/Wound Therapy	10/1/2022	Q4125	ARTHROFLEX PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Skin Substitutes for Chronic Wound Healing - Outpatient		2/21/2024
Hyperbaric/Wound Therapy	10/1/2022	Q4126	MEMODERM DERMASPERANZGRFT/INTEGUPLY PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Skin Substitutes for Chronic Wound Healing - Outpatient		2/21/2024

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Hyperbaric/Wound Therapy	10/1/2022	Q4128	FLEXHD ALLOPATCHHD OR MATRIX HD PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Skin Substitutes for Chronic Wound Healing - Outpatient		2/21/2024
Hyperbaric/Wound Therapy	10/1/2022	Q4130	STRATTICE PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Skin Substitutes for Chronic Wound Healing - Outpatient		2/21/2024
Hyperbaric/Wound Therapy	10/1/2022	Q4132	GRAFIX CORE AND GRAFIXPL CORE PER SQUARE CM	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Skin Substitutes for Chronic Wound Healing - Outpatient		2/21/2024
Hyperbaric/Wound Therapy	10/1/2022	Q4133	GRAFIX PRM GRAFIXPL PRM STRAVIX AND STRAVIXPL P SC	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Skin Substitutes for Chronic Wound Healing - Outpatient		2/21/2024
Hyperbaric/Wound Therapy	10/1/2022	Q4150	ALLOWRAP DS OR DRY PER SQUARE CENTIMETER	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Skin Substitutes for Chronic Wound Healing - Outpatient		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Hyperbaric/Wound Therapy	10/1/2022	Q4151	AMNIOBAND OR GUARDIAN PER SQUARE CENTIMETER	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Skin Substitutes for Chronic Wound Healing - Outpatient		2/21/2024
Hyperbaric/Wound Therapy	10/1/2022	Q4156	NEOX 100 OR CLARIX 100 PER SQUARE CM	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Skin Substitutes for Chronic Wound Healing - Outpatient		2/21/2024
Hyperbaric/Wound Therapy	10/1/2022	Q4157	REVITALON PER SQUARE CENTIMETER	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Skin Substitutes for Chronic Wound Healing - Outpatient		2/21/2024
Hyperbaric/Wound Therapy	10/1/2022	Q4158	KERECIS OMEGA3 PER SQUARE CM	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Skin Substitutes for Chronic Wound Healing - Outpatient		2/21/2024
Hyperbaric/Wound Therapy	10/1/2022	Q4159	AFFINITY PER SQUARE CENTIMETER	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Skin Substitutes for Chronic Wound Healing - Outpatient		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Hyperbaric/Wound Therapy	10/1/2022	Q4160	NUSHIELD PER SQUARE CENTIMETER	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Skin Substitutes for Chronic Wound Healing - Outpatient		2/21/2024
Hyperbaric/Wound Therapy	Prior to 9/1/2019	Q4162	WOUNDEX FLOW BIOSKIN FLOW 0.5 CC	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Skin Substitutes for Chronic Wound Healing - Outpatient		2/21/2024
Hyperbaric/Wound Therapy	Prior to 9/1/2019	Q4163	WOUNDEX BIOSKIN PER SQUARE CM	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Skin Substitutes for Chronic Wound Healing - Outpatient		2/21/2024
Hyperbaric/Wound Therapy	Prior to 9/1/2019	Q4178	FLOWERAMNIOPATCH PER SQUARE CM	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Skin Substitutes for Chronic Wound Healing - Outpatient		2/21/2024
Hyperbaric/Wound Therapy	Prior to 9/1/2019	Q4179	FLOWERDERM PER SQUARE CM	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Skin Substitutes for Chronic Wound Healing - Outpatient		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Hyperbaric/Wound Therapy	Prior to 9/1/2019	Q4180	REVITA PER SQUARE CM	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Skin Substitutes for Chronic Wound Healing - Outpatient		2/21/2024
Hyperbaric/Wound Therapy	Prior to 9/1/2019	Q4181	AMNIO WOUND PER SQUARE CM	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Skin Substitutes for Chronic Wound Healing - Outpatient		2/21/2024
Hyperbaric/Wound Therapy	Prior to 9/1/2019	Q4182	TRANSCYTE PER SQUARE CM	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Skin Substitutes for Chronic Wound Healing - Outpatient		2/21/2024
Hyperbaric/Wound Therapy	Prior to 9/1/2019	Q4186	EPIFIX PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Skin Substitutes for Chronic Wound Healing - Outpatient		2/21/2024
Hyperbaric/Wound Therapy	Prior to 9/1/2019	Q4187	EPICORD PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Skin Substitutes for Chronic Wound Healing - Outpatient		2/21/2024



Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Hyperbaric/Wound Therapy	Prior to 9/1/2019	Q4195	PURAPLY PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Skin Substitutes for Chronic Wound Healing - Outpatient		2/21/2024
Hyperbaric/Wound Therapy	Prior to 9/1/2019	Q4196	PURAPLY AM PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Skin Substitutes for Chronic Wound Healing - Outpatient		2/21/2024
Hyperbaric/Wound Therapy	Prior to 9/1/2019	Q4197	PURAPLY XT PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Skin Substitutes for Chronic Wound Healing - Outpatient		2/21/2024
Hyperbaric/Wound Therapy	Prior to 9/1/2019	Q4203	DERMA-GIDE PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Skin Substitutes for Chronic Wound Healing - Outpatient		2/21/2024
Hyperbaric/Wound Therapy	10/1/2022	Q4205	MEMBRANE GRAFT OR MEMBRANE WRAP PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Skin Substitutes for Chronic Wound Healing - Outpatient		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Hyperbaric/Wound Therapy	10/1/2022	Q4215	AXOLOTL AMBIENT OR AXOLOTL CRYO 0.1 MG	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Skin Substitutes for Chronic Wound Healing - Outpatient		2/21/2024
Hyperbaric/Wound Therapy	10/1/2022	Q4218	SURGICORD PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Skin Substitutes for Chronic Wound Healing - Outpatient		2/21/2024
Hyperbaric/Wound Therapy	10/1/2022	Q4219	SURGIGRAFT-DUAL PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Skin Substitutes for Chronic Wound Healing - Outpatient		2/21/2024
Hyperbaric/Wound Therapy	10/1/2022	Q4221	AMNIO WRAP2 PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Skin Substitutes for Chronic Wound Healing - Outpatient		2/21/2024
Hyperbaric/Wound Therapy	10/1/2022	Q4231	CORPLEX P PER CC	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Skin Substitutes for Chronic Wound Healing - Outpatient		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Hyperbaric/Wound Therapy	10/1/2022	Q4240	CORECYTE FOR TOPICAL USE ONLY PER 0.5 CC	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information</li> </ul>	Molina Clinical Policy: Skin Substitutes for Chronic Wound Healing - Outpatient		2/21/2024
Hyperbaric/Wound Therapy	1/1/2021	Q4250	AMNIOAMP-MP, PER SQUARE CENTIMETER	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information</li> </ul>	Molina Clinical Policy: Skin Substitutes for Chronic Wound Healing - Outpatient		2/21/2024
Hyperbaric/Wound Therapy	1/1/2022	Q4252	VENDAJE PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information</li> </ul>	Molina Clinical Policy: Skin Substitutes for Chronic Wound Healing - Outpatient		2/21/2024
Hyperbaric/Wound Therapy	7/1/2023	Q4265	NEOSTIM TL, PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information</li> </ul>	Molina Clinical Policy: Skin Substitutes for Chronic Wound Healing - Outpatient		2/21/2024
Hyperbaric/Wound Therapy	7/1/2023	Q4266	NEOSTIM MEMBRANE PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information</li> </ul>	Molina Clinical Policy: Skin Substitutes for Chronic Wound Healing - Outpatient		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Hyperbaric/Wound Therapy	7/1/2023	Q4267	EOSTIM DL PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information</li> </ul>	Molina Clinical Policy: Skin Substitutes for Chronic Wound Healing - Outpatient		2/21/2024
Hyperbaric/Wound Therapy	7/1/2023	Q4268	URGRAFT FT PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information</li> </ul>	Molina Clinical Policy: Skin Substitutes for Chronic Wound Healing - Outpatient		2/21/2024
Hyperbaric/Wound Therapy	7/1/2023	Q4269	SURGRAFT XT PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information</li> </ul>	Molina Clinical Policy: Skin Substitutes for Chronic Wound Healing - Outpatient		2/21/2024
Hyperbaric/Wound Therapy	7/1/2023	Q4270	COMPLETE SL PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information</li> </ul>	Molina Clinical Policy: Skin Substitutes for Chronic Wound Healing - Outpatient		2/21/2024
Hyperbaric/Wound Therapy	7/1/2023	Q4271	COMPLETE FT PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information</li> </ul>	Molina Clinical Policy: Skin Substitutes for Chronic Wound Healing - Outpatient		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Hyperbaric/Wound Therapy	10/1/2023	Q4272	ESANO A, PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information</li> </ul>	Additional information is required to define this code and determine criteria.		2/21/2024
Hyperbaric/Wound Therapy	10/1/2023	Q4273	ESANO AAA, PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information</li> </ul>	Additional information is required to define this code and determine criteria.		2/21/2024
Hyperbaric/Wound Therapy	10/1/2023	Q4274	ESANO AC, PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information</li> </ul>	Additional information is required to define this code and determine criteria.		2/21/2024
Hyperbaric/Wound Therapy	10/1/2023	Q4275	ESANO ACA, PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information</li> </ul>	Additional information is required to define this code and determine criteria.		2/21/2024
Hyperbaric/Wound Therapy	10/1/2023	Q4276	ORION, PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information</li> </ul>	Additional information is required to define this code and determine criteria.		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Hyperbaric/Wound Therapy	10/1/2023	Q4278	WOUNDPLUS MEMBRANE OR E-GRAFT, PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information</li> </ul>	Additional information is required to define this code and determine criteria.		2/21/2024
Hyperbaric/Wound Therapy	10/1/2023	Q4280	XCELL AMNIO MATRIX, PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information</li> </ul>	Additional information is required to define this code and determine criteria.		2/21/2024
Hyperbaric/Wound Therapy	10/1/2023	Q4281	BARRERA SL OR BARRERA DL, PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information</li> </ul>	Additional information is required to define this code and determine criteria.		2/21/2024
Hyperbaric/Wound Therapy	10/1/2023	Q4282	CYGNUS DUAL, PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information</li> </ul>	Additional information is required to define this code and determine criteria.		2/21/2024
Hyperbaric/Wound Therapy	10/1/2023	Q4283	BIOVANCE TRI-LAYER OR BIOVANCE 3L, PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information</li> </ul>	Additional information is required to define this code and determine criteria.		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Hyperbaric/Wound Therapy	10/1/2023	Q4284	DERMABIND SL, PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information</li> </ul>	Additional information is required to define this code and determine criteria.		2/21/2024
Hyperbaric/Wound Therapy	7/1/2024	Q4326	WOUNDPLUS MEMBRANE OR E-GRA	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information</li> </ul>	Additional information is required to define this code and determine criteria.		
Imaging and Special Tests	Prior to 9/1/2019	0042T	CEREBRAL PERFUSION ANALYS CT W BLOOD FLOW AND VOLUME	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	0331T	MYOCDR SYMPATHETIC INNERVAJ IMG PLNR QUAL AND QUANT	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	0332T	MYOCDR SYMP INNERVAJ IMG PLNR QUAL AND QUANT W SPECT	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Imaging and Special Tests	1/1/2021	0609T	MRS DISC PAIN ACQUIS DATA	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024
Imaging and Special Tests	1/1/2021	0610T	MRS DISC PAIN TRANSMIS DATA	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024
Imaging and Special Tests	1/1/2021	0611T	MRS DISC PAIN ALG ALYS DATA	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024
Imaging and Special Tests	1/1/2021	0612T	MRS DISCOGENIC PAIN I&R	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024
Imaging and Special Tests	1/1/2022	0623T	AUTO QUAN and CHARAC CORONARY ATHEROSCLEROTIC PLAQUE	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024



Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Imaging and Special Tests	1/1/2022	0624T	AUTO QUAN and CHARAC CORONARY PLAQ DATA PREP and TRNSMIS	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024
Imaging and Special Tests	1/1/2022	0625T	AUTO QUAN and CHARAC CORONARY PLAQ COMPUTERIZED ALYS	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024
Imaging and Special Tests	1/1/2022	0626T	AUTO QUAN and CHARAC CORONARY PLAQ REV CPTR ALYS I and R	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024
Imaging and Special Tests	1/1/2021	0633T	CT BREAST W/3D RENDERING UNI WITHOUT CONTRAST	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024
Imaging and Special Tests	1/1/2021	0634T	CT BREAST W/3D RENDERING UNI WITH CONTRAST	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Imaging and Special Tests	1/1/2021	0635T	CT BRST W/3D RENDERING UNI WO CNTRST FLWD CNTRST	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024
Imaging and Special Tests	1/1/2021	0636T	CT BREAST W/3D RENDERING BI WITHOUT CONTRAST	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024
Imaging and Special Tests	1/1/2021	0637T	CT BREAST W/3D RENDERING BI WITH CONTRAST	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024
Imaging and Special Tests	1/1/2021	0638T	CT BRST W/3D RENDERING BI WO CNTRST FLWD CNTRST	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024
Imaging and Special Tests	1/1/2022	0689T	QUAN US TISS CHARAC I and R W/O DX US SAME ANAT	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information</li> </ul>	Third Party Proprietary Criteria		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Imaging and Special Tests	1/1/2022	0710T	N-INVAS ARTL PLAQ ALYS DATA PRP QUAN REVIEW I and R	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information</li> </ul>	Texas Medicaid Provider Procedures Manual	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024
Imaging and Special Tests	1/1/2022	0711T	N-INVAS ARTL PLAQ ALYS DATA PREP and TRANSMISSION	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information</li> </ul>	Texas Medicaid Provider Procedures Manual	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024
Imaging and Special Tests	1/1/2022	0712T	N-INVAS ARTL PLAQ ALYS QUAN STRUX and COMPOS VSL WAL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information</li> </ul>	Texas Medicaid Provider Procedures Manual	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024
Imaging and Special Tests	1/1/2022	0713T	N-INVAS ARTL PLAQ ALYS DATA REVIEW I and R	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information</li> </ul>	Texas Medicaid Provider Procedures Manual	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	70450	CT HEAD BRAIN W O CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Imaging and Special Tests	Prior to 9/1/2019	70460	CT HEAD BRAIN W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	70470	CT HEAD BRAIN W O AND W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	70490	CT SOFT TISSUE NECK W O CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	70491	CT SOFT TISSUE NECK W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	70492	CT SOFT TISSUE NECK W O AND W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Imaging and Special Tests	Prior to 9/1/2019	70496	CT ANGIOGRAPHY HEAD W CONTRAST NONCONTRAST	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	70498	CT ANGIOGRAPHY NECK W CONTRAST NONCONTRAST	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	70540	MRI ORBIT FACE AND NECK W O CONTRAST	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	70542	MRI ORBIT FACE AND NECK W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	70543	MRI ORBIT FACE AND NECK W O AND W CONTRAST MATRL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Imaging and Special Tests	Prior to 9/1/2019	70544	MRA HEAD W O CONTRST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	70545	MRA HEAD W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	70546	MRA HEAD W O AND W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	70547	MRA NECK W O CONTRST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	70548	MRA NECK W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024

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Imaging and Special Tests	Prior to 9/1/2019	70549	MRA NECK W O AND W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	70551	MRI BRAIN BRAIN STEM W O CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	70552	MRI BRAIN BRAIN STEM W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	70553	MRI BRAIN BRAIN STEM W O W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	70554	MRI BRAIN FUNCTIONAL W O PHYSICIAN ADMINISTRATION	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Imaging and Special Tests	Prior to 9/1/2019	70555	MRI BRAIN FUNCTIONAL W PHYSICIAN ADMINISTRATION	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	71275	CT ANGIOGRAPHY CHEST W CONTRAST NONCONTRAST	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	71550	MRI CHEST W O CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	71551	MRI CHEST W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	71552	MRI CHEST W O AND W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024



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Imaging and Special Tests	Prior to 9/1/2019	71555	MRA CHEST W O AND W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	72125	CT CERVICAL SPINE W O CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	72126	CT CERVICAL SPINE W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	72127	CT CERVICAL SPINE W O AND W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	72128	CT THORACIC SPINE W O CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024

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Imaging and Special Tests	Prior to 9/1/2019	72129	CT THORACIC SPINE W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	72130	CT THORACIC SPINE W O AND W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	72131	CT LUMBAR SPINE W O CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	72132	CT LUMBAR SPINE W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	72133	CT LUMBAR SPINE W O AND W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024

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Imaging and Special Tests	Prior to 9/1/2019	72141	MRI SPINAL CANAL CERVICAL W O CONTRAST MATRL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	72142	MRI SPINAL CANAL CERVICAL W CONTRAST MATRL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	72146	MRI SPINAL CANAL THORACIC W O CONTRAST MATRL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	72147	MRI SPINAL CANAL THORACIC W CONTRAST MATRL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	72148	MRI SPINAL CANAL LUMBAR W O CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024

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Imaging and Special Tests	Prior to 9/1/2019	72149	MRI SPINAL CANAL LUMBAR W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	72156	MRI SPINAL CANAL CERVICAL W O AND W CONTR MATRL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	72157	MRI SPINAL CANAL THORACIC W O AND W CONTR MATRL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	72158	MRI SPINAL CANAL LUMBAR W O AND W CONTR MATRL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	72159	MRA SPINAL CANAL W WO CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: MRI Angiography Spinal Canal	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024

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Imaging and Special Tests	Prior to 9/1/2019	72191	CT ANGIOGRAPHY PELVIS W CONTRAST NONCONTRAST	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	72192	CT PELVIS W O CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	72193	CT PELVIS W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	72194	CT PELVIS W O AND W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	72195	MRI PELVIS W O CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024

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Imaging and Special Tests	Prior to 9/1/2019	72196	MRI PELVIS W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	72197	MRI PELVIS W O AND W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	72198	MRA PELVIS W WO CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	73218	MRI UPPER EXTREMITY OTH THAN JT W O CONTR MATRL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	73219	MRI UPPER EXTREMITY OTH THAN JT W CONTR MATRL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Imaging and Special Tests	Prior to 9/1/2019	73220	MRI UPPER EXTREM OTHER THAN JT W O AND W CONTRAS	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	73221	MRI ANY JT UPPER EXTREMITY W O CONTRAST MATRL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	73222	MRI ANY JT UPPER EXTREMITY W CONTRAST MATRL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	73223	MRI ANY JT UPPER EXTREMITY W O AND W CONTR MATRL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	73225	MRA UPPER EXTREMITY W WO CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Imaging and Special Tests	Prior to 9/1/2019	73718	MRI LOWER EXTREM OTH THN JT W O CONTR MATRL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	73719	MRI LOWER EXTREM OTH THN JT W CONTRAST MATRL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	73720	MRI LOWER EXTREM OTH THN JT W O AND W CONTR MATR	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	73721	MRI ANY JT LOWER EXTREM W O CONTRAST MATRL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	73722	MRI ANY JT LOWER EXTREM W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024



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Imaging and Special Tests	Prior to 9/1/2019	73723	MRI ANY JT LOWER EXTREM W O AND W CONTRAST MATRL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	73725	MRA LOWER EXTREMITY W WO CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	74150	CT ABDOMEN W O CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	74160	CT ABDOMEN W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	74170	CT ABDOMEN W O AND W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024

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Imaging and Special Tests	Prior to 9/1/2019	74174	CT ANGIO ABD AND PLVIS CNTRST MTRL W WO CNTRST IMG	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	74175	CT ANGIOGRAPHY ABDOMEN W CONTRAST NONCONTRAST	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	74176	CT ABDOMEN AND PELVIS W O CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	74177	CT ABDOMEN AND PELVIS W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	74178	CT ABDOMEN AND PELVIS W O CONTRST 1 OR GRT BODY RE	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Imaging and Special Tests	Prior to 9/1/2019	74181	MRI ABDOMEN W O CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	74182	MRI ABDOMEN W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	74183	MRI ABDOMEN W O AND W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	74185	MRA ABDOMEN W WO CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	74261	CT COLONOGRPHY DX IMAGE POSTPROCESS W O CONTRAST	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Imaging and Special Tests	Prior to 9/1/2019	74262	CT COLONOGRPHY DX IMAGE POSTPROCESS W CONTRAST	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	74263	CT COLONOGRPHY SCREENING IMAGE POSTPROCESSING	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	75557	CARDIAC MRI MORPHOLOGY AND FUNCTION W O CONTRAST	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	75559	CARDIAC MRI W O CONTRAST W STRESS IMAGING	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	75561	CARDIAC MRI W WO CONTRAST AND FURTHER SEQ	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Imaging and Special Tests	Prior to 9/1/2019	75563	CARDIAC MRI W W O CONTRAST W STRESS	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	75571	CT HEART NO CONTRAST QUANT EVAL CORONRY CALCIUM	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	75572	CT HEART CONTRAST EVAL CARDIAC STRUCTURE AND MORPH	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	75573	CT HRT CONTRST CARDIAC STRUCT AND MORPH CONG HRT D	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	75574	CTA HRT CORNRY ART BYPASS GRFTS CONTRST 3D POST	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Imaging and Special Tests	Prior to 9/1/2019	75635	CTA ABDL AORTA AND BI ILIOfEM W CONTRAST AND POSTP	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	76376	3D RENDERING W INTERP AND POSTPROCESS SUPERVISION	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: 3D Interpretation and Reporting of Imaging Studies	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	76377	3D RENDERING W INTERP AND POSTPROC DIFF WORK STATION	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: 3D Interpretation and Reporting of Imaging Studies	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024
Imaging and Special Tests	4/1/2021	76390	MRI SPECTROSCOPY	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	76391	MAGNETIC RESONANCE ELASTOGRAPHY	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Imaging and Special Tests	Prior to 9/1/2019	76497	UNLISTED COMPUTED TOMOGRAPHY PROCEDURE	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	76498	UNLISTED MAGNETIC RESONANCE PROCEDURE	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	77046	MRI BREAST WITHOUT CONTRAST MATERIAL UNILATERAL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	77047	MRI BREAST WITHOUT CONTRAST MATERIAL BILATERAL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	77048	MRI BREAST W OUT AND WITH CONTRAST W CAD UNILATERAL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024

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Imaging and Special Tests	Prior to 9/1/2019	77049	MRI BREAST WITHOUT AND WITH CONTRAST W CAD BILATERAL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	77261	THERAPEUTIC RADIOLOGY TX PLANNING SIMPLE	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria		2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	77372	RADIATION DELIVERY STEREOTACTIC CRANIAL LINEAR	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria		2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	77385	INTENSITY MODULATED RADIATION TX DLVR SIMPLE	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria		2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	77425	INTRAOP RADIAJ TX DELIVER ELECTRONS SNGL TX SESS	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria		2/21/2024



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Imaging and Special Tests	Prior to 9/1/2019	78206	LIVER IMAGING SPECT W VASCULAR FLOW	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria		2/21/2024
Imaging and Special Tests	4/1/2020	78429	MYOCDR IMG PET METAB EVAL SINGLE STUDY CNCRNT CT	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024
Imaging and Special Tests	4/1/2020	78430	MYOCDR IMG PET PRFUJ 1STD REST/STRESS CNCRNT CT	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024
Imaging and Special Tests	4/1/2020	78431	MYOCDR IMG PET PRFUJ MLT STD RST AND STRS CNCRNT CT	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024
Imaging and Special Tests	4/1/2020	78432	MYOCDR IMG PET PRFUJ W/METAB DUAL RADIOTRACER	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024

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Imaging and Special Tests	4/1/2020	78433	MYOCDR IMG PET PRFUJ W/METAB ZRTRACER CNCRNT CT	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	78451	MYOCARDIAL SPECT SINGLE STUDY AT REST OR STRESS	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	78452	MYOCARDIAL SPECT MULTIPLE STUDIES	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	78453	MYOCARDIAL PERFUSION PLANAR 1 STUDY REST STRES	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	78454	MYOCARDIAL PERFUSION PLANAR MULTIPLE STUDIES	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024

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Imaging and Special Tests	Prior to 9/1/2019	78459	MYOCARDIAL IMAGING PET METABOLIC EVALUATION	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	78466	MYOCARDIAL IMAGING INFARCT AVID PLANAR QUAL QUAN	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	78468	MYOCARD IMG INFARCT AVID PLNR EJEC FXJ 1ST PS TQ	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	78469	MYOCARD INFARCT AVID PLNR TOMOG SPECT W WO QUANTJ	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	78472	CARD BLOOD POOL GATED PLANAR 1 STUDY REST STRESS	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024

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Imaging and Special Tests	Prior to 9/1/2019	78473	CARD BL POOL GATED MLT STDY WAL MOTN EJECT FRACT	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	78481	CARD BL POOL PLANAR 1 STDY WAL MOTN EJECT FRACT	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	78483	CARD BL POOL PLNR MLT STDY WAL MOTN EJECT FRACT	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	78491	MYOCRD IMAGE PET PERFUS SINGLE STUDY REST STRESS	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	78492	MYOCRD IMAGE PET PERFUS MULTPL STUDY REST STRESS	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024

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Imaging and Special Tests	Prior to 9/1/2019	78494	CARD BL POOL GATED SPECT REST WAL MOTN EJCT FRCT	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	78499	UNLISTED CARDIOVASCULAR PX DX NUCLEAR MEDICINE	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	78607	BRAIN IMAGING TOMOGRAPHIC SPECT	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria		2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	78608	BRAIN IMAGING PET METABOLIC EVALUATION	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Brain PET	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	78609	BRAIN IMAGING PET PERFUSION EVALUATION	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Imaging and Special Tests	Prior to 9/1/2019	78811	PET IMAGING LIMITED AREA CHEST HEAD NECK	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	78812	PET IMAGING SKULL BASE TO MID-THIGH	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	78813	PET IMAGING WHOLE BODY	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	78814	PET IMAGING CT FOR ATTENUATION LIMITED AREA	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	78815	PET IMAGING CT ATTENUATION SKULL BASE MID-THIGH	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Imaging and Special Tests	Prior to 9/1/2019	78816	PET IMAGING FOR CT ATTENUATION WHOLE BODY	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024
Imaging and Special Tests	1/1/2022	91113	GI TRACT IMAGING INTRALUMINAL COLON I and R	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria		2/21/2024
Imaging and Special Tests	1/1/2021	93241	EXTERNAL ECG REC GT 48HR LT 7D SCAN ALYS REPORT R and I	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information</li> </ul>	Third Party Proprietary Criteria		2/21/2024
Imaging and Special Tests	1/1/2021	93242	EXTERNAL ECG REC GT 48HR LT 7D RECORDING	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information</li> </ul>	Third Party Proprietary Criteria		2/21/2024
Imaging and Special Tests	1/1/2021	93243	EXTERNAL ECG REC GT 48HR LT 7D SCANNING ALYS W/REPORT	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information</li> </ul>	Third Party Proprietary Criteria		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Imaging and Special Tests	1/1/2021	93244	EXTERNAL ECG REC GT 48HR LT 7D REVIEW and INTERPRETATION	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information</li> </ul>	Third Party Proprietary Criteria		2/21/2024
Imaging and Special Tests	1/1/2021	93245	EXTERNAL ECG REC GT 7D LT 15D SCAN ALYS REPORT R and I	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information</li> </ul>	Third Party Proprietary Criteria		2/21/2024
Imaging and Special Tests	1/1/2021	93246	EXTERNAL ECG REC GT 7D LT 15D RECORDING	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information</li> </ul>	Third Party Proprietary Criteria		2/21/2024
Imaging and Special Tests	1/1/2021	93247	EXTERNAL ECG REC GT 7D LT 15D SCANNING ALYS W/REPORT	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information</li> </ul>	Third Party Proprietary Criteria		2/21/2024
Imaging and Special Tests	1/1/2021	93248	EXTERNAL ECG REC GT 7D LT 15D REVIEW and INTERPRETATION	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information</li> </ul>	Third Party Proprietary Criteria		2/21/2024



Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Imaging and Special Tests	Prior to 9/1/2019	93998	UNLISTED NONINVASIVE VASCULAR DIAGNOSTIC STUDY	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria		2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	C8909	MR ANGIOGRAPHY WITH CONTRAST CHEST	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	C8910	MR ANGIOGRAPHY WITHOUT CONTRAST CHEST	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	G0297	LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria		2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	S8080	SCINTIMAMMOGRAPHY UNI INCL SUPPLY RADIOPHARM	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
<b>Long Term Services and Support:</b> All codes require authorization for payment.	2/1/2022	94657	VENTILATOR SUPPLEMENT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. •Documentation outlined in the Star+Plus Waiver Handbook	Texas Medicaid Star Plus Waiver Handbook		2/21/2024
<b>Long Term Services and Support:</b> All codes require authorization for payment.	2/1/2022	97532	COGNITIVE REHABILITATIVE THERAPY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. •Documentation outlined in the Star+Plus Waiver Handbook	Texas Medicaid Star Plus Waiver Handbook		2/21/2024
<b>Long Term Services and Support:</b> All codes require authorization for payment.	2/1/2022	97537	COMMUNITY/WORK REINTEGRATION TRAINING EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. •Documentation outlined in the Star+Plus Waiver Handbook	Texas Medicaid Star Plus Waiver Handbook		2/21/2024
<b>Long Term Services and Support:</b> All codes require authorization for payment.	2/1/2022	H2023	SUPPORTED EMPLOYMENT PER 15 MINUTES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. •Documentation outlined in the Star+Plus Waiver Handbook	Texas Medicaid Star Plus Waiver Handbook		2/21/2024
<b>Long Term Services and Support:</b> All codes require authorization for payment.	2/1/2022	H2025	ONGOING SUPPORT MAINTAIN EMPLOYMENT PER 15 MIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. •Documentation outlined in the Star+Plus Waiver Handbook	Texas Medicaid Star Plus Waiver Handbook		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
<b>Long Term Services and Support:</b> All codes require authorization for payment.	2/1/2022	S5101	DAY CARE SERVICES ADULT; PER HALF DAY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. •Documentation outlined in the Star+Plus Waiver Handbook	Texas Medicaid Star Plus Waiver Handbook		2/21/2024
<b>Long Term Services and Support:</b> All codes require authorization for payment.	2/1/2022	S5125	ATTENDANT CARE SERVICES; PER 15 MINUTES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. •Documentation outlined in the Star+Plus Waiver Handbook	Texas Medicaid Star Plus Waiver Handbook		2/21/2024
<b>Long Term Services and Support:</b> All codes require authorization for payment.	2/1/2022	S5140	FOSTER CARE ADULT; PER DIEM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. •Documentation outlined in the Star+Plus Waiver Handbook	Texas Medicaid Star Plus Waiver Handbook		2/21/2024
<b>Long Term Services and Support:</b> All codes require authorization for payment.	2/1/2022	S5151	UNSKILLED RESPITE CARE NOT HOSPICE; PER DIEM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. •Documentation outlined in the Star+Plus Waiver Handbook	Texas Medicaid Star Plus Waiver Handbook		2/21/2024
<b>Long Term Services and Support:</b> All codes require authorization for payment.	2/1/2022	S5160	EMERGENCY RESPONSE SYSTEM; INSTALLATION AND TESTING	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. •Documentation outlined in the Star+Plus Waiver Handbook	Texas Medicaid Star Plus Waiver Handbook		2/21/2024

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<b>Long Term Services and Support:</b> All codes require authorization for payment.	2/1/2022	S5161	EMERGENCY RESPONSE SYSTEM; SERVICE FEE PER MONTH	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. •Documentation outlined in the Star+Plus Waiver Handbook	Texas Medicaid Star Plus Waiver Handbook		2/21/2024
<b>Long Term Services and Support:</b> All codes require authorization for payment.	2/1/2022	S5165	HOME MODIFICATIONS; PER SERVICE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. •Documentation outlined in the Star+Plus Waiver Handbook	Texas Medicaid Star Plus Waiver Handbook		2/21/2024
<b>Long Term Services and Support:</b> All codes require authorization for payment.	Prior to 9/1/2019	S5170	HOME DELIV MEALS INCLUDING PREPARATION; PER MEAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. •Documentation outlined in the Star+Plus Waiver Handbook	Texas Medicaid Star Plus Waiver Handbook		2/21/2024
<b>Long Term Services and Support:</b> All codes require authorization for payment.	Prior to 9/1/2019	S9123	NURSING CARE THE HOME; REGISTERED NURSE PER HOUR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. •Documentation outlined in the Star+Plus Waiver Handbook	Texas Medicaid Star Plus Waiver Handbook		2/21/2024
<b>Long Term Services and Support:</b> All codes require authorization for payment.	Prior to 9/1/2019	S9124	NURSING CARE IN THE HOME; BY LPN PER HOUR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. •Documentation outlined in the Star+Plus Waiver Handbook	Texas Medicaid Star Plus Waiver Handbook		2/21/2024

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<b>Long Term Services and Support:</b> All codes require authorization for payment.	2/1/2022	S9128	SPEECH THERAPY IN THE HOME PER DIEM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. •Documentation outlined in the Star+Plus Waiver Handbook	Texas Medicaid Star Plus Waiver Handbook		2/21/2024
<b>Long Term Services and Support:</b> All codes require authorization for payment.	2/1/2022	S9129	OCCUPATIONAL THERAPY IN THE HOME PER DIEM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. •Documentation outlined in the Star+Plus Waiver Handbook	Texas Medicaid Star Plus Waiver Handbook		2/21/2024
<b>Long Term Services and Support:</b> All codes require authorization for payment.	2/1/2022	S9131	PHYSICAL THERAPY; IN THE HOME PER DIEM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. •Documentation outlined in the Star+Plus Waiver Handbook	Texas Medicaid Star Plus Waiver Handbook		2/21/2024
<b>Long Term Services and Support:</b> All codes require authorization for payment.	2/1/2022	T1001	T1001-NURSING ASSESSMENT/EVALUATION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. •Documentation outlined in the Star+Plus Waiver Handbook	Texas Medicaid Star Plus Waiver Handbook		2/21/2024
<b>Long Term Services and Support:</b> All codes require authorization for payment.	2/1/2021	T1005	RESPIRE CARE SERVICES UP TO 15 MINUTES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. •Documentation outlined in the Star+Plus Waiver Handbook	Texas Medicaid Star Plus Waiver Handbook		2/21/2024

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<b>Long Term Services and Support:</b> All codes require authorization for payment.	2/1/2022	T2003	NON-EMERGENCY TRANSPORTATION; ENCOUNTER/TRIP	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. •Documentation outlined in the Star+Plus Waiver Handbook	Texas Medicaid Star Plus Waiver Handbook		2/21/2024
<b>Long Term Services and Support:</b> All codes require authorization for payment.	2/1/2022	T2017	HABILITATION RESIDENTIAL WAIVER; PER 15 MINUTES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. •Documentation outlined in the Star+Plus Waiver Handbook	Texas Medicaid Star Plus Waiver Handbook		2/21/2024
<b>Long Term Services and Support:</b> All codes require authorization for payment.	2/1/2022	T2031	ASSISTED LIVING WAIVER; PER DIEM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. •Documentation outlined in the Star+Plus Waiver Handbook	Texas Medicaid Star Plus Waiver Handbook		2/21/2024
<b>Long Term Services and Support:</b> All codes require authorization for payment.	Prior to 9/1/2019	T2038	COMMUNITY TRANSITION WAIVER; PER SERVICE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. •Documentation outlined in the Star+Plus Waiver Handbook	Texas Medicaid Star Plus Waiver Handbook		2/21/2024
<b>Long Term Services and Support:</b> All codes require authorization for payment.	2/1/2022	T2040	FINANCIAL MGMT SELF-DIRECTED WAIVER; PER 15 MIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. •Documentation outlined in the Star+Plus Waiver Handbook	Texas Medicaid Star Plus Waiver Handbook		2/21/2024

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<b>Neuropsychological and Psychological Tests:</b> Prior Authorization required in any setting.	1/1/2020	95700	EEG CONT REC W/VIDEO BY TECH MIN 8 CHANNELS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Prior Authorization required in any setting.	2/21/2024
<b>Neuropsychological and Psychological Tests:</b> Prior Authorization required in any setting.	4/1/2020	95708	EEG W/O VID BY TECH EA INCR 12-26HR UNMONITORED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Prior Authorization required in any setting.	2/21/2024
<b>Neuropsychological and Psychological Tests:</b> Prior Authorization required in any setting.	4/1/2020	95709	EEG W/O VID BY TECH EA INCR 12-26 HR INTMT MINTR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Prior Authorization required in any setting.	2/21/2024
<b>Neuropsychological and Psychological Tests:</b> Prior Authorization required in any setting.	4/1/2020	95710	EEG W/O VID TECH EA INCR 12-26 HR CONT R-T MINTR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Prior Authorization required in any setting.	2/21/2024
<b>Neuropsychological and Psychological Tests:</b> Prior Authorization required in any setting.	4/1/2020	95711	EEG BY TECH 2-12 HOURS UNMONITORED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Prior Authorization required in any setting.	2/21/2024

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<b>Neuropsychological and Psychological Tests:</b> Prior Authorization required in any setting.	4/1/2020	95712	VEEG BY TECH 2-12 HR INTERMITTENT MONITORING	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Prior Authorization required in any setting.	2/21/2024
<b>Neuropsychological and Psychological Tests:</b> Prior Authorization required in any setting.	4/1/2020	95713	VEEG BY TECH 2-12 HR CONTINUOUS R-T MONITORING	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Prior Authorization required in any setting.	2/21/2024
<b>Neuropsychological and Psychological Tests:</b> Prior Authorization required in any setting.	4/1/2020	95714	VEEG BY TECH EA INCR 12-26 HR UNMONITORED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Prior Authorization required in any setting.	2/21/2024
<b>Neuropsychological and Psychological Tests:</b> Prior Authorization required in any setting.	4/1/2020	95715	VEEG BY TECH EA INCR 12-26 HR INTERMITTENT MNTR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Prior Authorization required in any setting.	2/21/2024
<b>Neuropsychological and Psychological Tests:</b> Prior Authorization required in any setting.	4/1/2020	95716	VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Prior Authorization required in any setting.	2/21/2024



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<b>Neuropsychological and Psychological Tests:</b> Prior Authorization required in any setting.	4/1/2020	95721	EEG COMPLETE STD PHYS/QHP GT 36 HR LT 60 HR W/O VIDEO	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Prior Authorization required in any setting.	2/21/2024
<b>Neuropsychological and Psychological Tests:</b> Prior Authorization required in any setting.	4/1/2020	95722	EEG COMPLETE STD PHYS/QHP GT 36 HR LT 60 HR W/VEEG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Prior Authorization required in any setting.	2/21/2024
<b>Neuropsychological and Psychological Tests:</b> Prior Authorization required in any setting.	4/1/2020	95723	EEG COMPLETE STD PHYS/QHP GT 60 HR LT 84 HR W/O VIDEO	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Prior Authorization required in any setting.	2/21/2024
<b>Neuropsychological and Psychological Tests:</b> Prior Authorization required in any setting.	4/1/2020	95724	EEG COMPLETE STD PHYS/QHP GT 60 HR LT 84 HR W/VEEG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Prior Authorization required in any setting.	2/21/2024
<b>Neuropsychological and Psychological Tests:</b> Prior Authorization required in any setting.	4/1/2020	95725	EEG COMPLETE STD PHYS/QHP GT 84 HR W/O VID	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Prior Authorization required in any setting.	2/21/2024

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<b>Neuropsychological and Psychological Tests:</b> Prior Authorization required in any setting.	4/1/2020	95726	EKG COMPLETE STD PHYS/QHP GT 84 HR W/VEEG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Prior Authorization required in any setting.	2/21/2024
<b>Neuropsychological and Psychological Tests:</b> Prior Authorization required in any setting.	Prior to 9/1/2019	95957	DIGITAL ANALYSIS ELECTROENCEPHALOGRAM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/21/2024
<b>Neuropsychological and Psychological Tests:</b> Prior Authorization required in any setting.	Prior to 9/1/2019	96125	STANDARDIZED COGNITIVE PERFORMANCE TESTING	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/21/2024
<b>Occupational Therapy</b>	7/1/2023	97012	APPL MODALITY 1 OR GT AREAS TRACTION MECHANICAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	<b>Participating Providers:</b> Initial evaluation does not require prior authorization. All visits after that point require prior authorization.  <b>Non-participating Providers:</b> All visits require prior authorization.	2/21/2024
<b>Occupational Therapy</b>	7/1/2023	97014	APPL MODALITY 1 OR GT AREAS ELEC STIMJ UNATTENDED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	<b>Participating Providers:</b> Initial evaluation does not require prior authorization. All visits after that point require prior authorization.  <b>Non-participating Providers:</b> All visits require prior authorization.	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Occupational Therapy	7/1/2023	97016	APPL MODALITY 1 OR GT AREAS VASOPNEUMATIC DEVICES	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual	<b>Participating Providers:</b> Initial evaluation does not require prior authorization. All visits after that point require prior authorization.  <b>Non-participating Providers:</b> All visits require prior authorization.	2/21/2024
Occupational Therapy	7/1/2023	97018	APPL MODALITY 1 OR GT AREAS PARAFFIN BATH	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual	<b>Participating Providers:</b> Initial evaluation does not require prior authorization. All visits after that point require prior authorization.  <b>Non-participating Providers:</b> All visits require prior authorization.	2/21/2024
Occupational Therapy	7/1/2023	97022	APPLICATION MODALITY 1 OR GT AREAS WHIRLPOOL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual	<b>Participating Providers:</b> Initial evaluation does not require prior authorization. All visits after that point require prior authorization.  <b>Non-participating Providers:</b> All visits require prior authorization.	2/21/2024
Occupational Therapy	7/1/2023	97024	APPLICATION MODALITY 1 OR GT AREAS DIATHERMY	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual	<b>Participating Providers:</b> Initial evaluation does not require prior authorization. All visits after that point require prior authorization.  <b>Non-participating Providers:</b> All visits require prior authorization.	2/21/2024
Occupational Therapy	7/1/2023	97026	APPLICATION MODALITY 1 OR GT AREAS INFRARED	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual	<b>Participating Providers:</b> Initial evaluation does not require prior authorization. All visits after that point require prior authorization.  <b>Non-participating Providers:</b> All visits require prior authorization.	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Occupational Therapy	7/1/2023	97028	APPL MODALITY 1 OR GT AREAS ULTRAVIOLET	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual	<b>Participating Providers:</b> Initial evaluation does not require prior authorization. All visits after that point require prior authorization.  <b>Non-participating Providers:</b> All visits require prior authorization.	2/21/2024
Occupational Therapy	7/1/2023	97032	APPL MODALITY 1 OR GT AREAS ELEC STIMJ EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual	<b>Participating Providers:</b> Initial evaluation does not require prior authorization. All visits after that point require prior authorization.  <b>Non-participating Providers:</b> All visits require prior authorization.	2/21/2024
Occupational Therapy	7/1/2023	97033	APPL MODALITY 1 OR GT AREAS IONTOPHORESIS EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual	<b>Participating Providers:</b> Initial evaluation does not require prior authorization. All visits after that point require prior authorization.  <b>Non-participating Providers:</b> All visits require prior authorization.	2/21/2024
Occupational Therapy	7/1/2023	97034	APPL MODALITY 1 OR GT AREAS CONTRAST BATHS EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual	<b>Participating Providers:</b> Initial evaluation does not require prior authorization. All visits after that point require prior authorization.  <b>Non-participating Providers:</b> All visits require prior authorization.	2/21/2024
Occupational Therapy	7/1/2023	97035	APPL MODALITY 1 OR GT AREAS ULTRASOUND EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual	<b>Participating Providers:</b> Initial evaluation does not require prior authorization. All visits after that point require prior authorization.  <b>Non-participating Providers:</b> All visits require prior authorization.	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Occupational Therapy	Prior to 9/1/2019	97110	THERAPEUTIC PX 1 OR GRT AREAS EACH 15 MIN EXERCISES	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual	<b>Participating Providers:</b> Initial evaluation does not require prior authorization. All visits after that point require prior authorization.  <b>Non-participating Providers:</b> All visits require prior authorization.	2/21/2024
Occupational Therapy	Prior to 9/1/2019	97112	THER PX 1 OR GRT AREAS EACH 15 MIN NEUROMUSC REEDUCA	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual	<b>Participating Providers:</b> Initial evaluation does not require prior authorization. All visits after that point require prior authorization.  <b>Non-participating Providers:</b> All visits require prior authorization.	2/21/2024
Occupational Therapy	Prior to 9/1/2019	97113	THER PX 1 OR GT AREAS EACH 15 MIN AQUA THER W/XERSS	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual	<b>Participating Providers:</b> Initial evaluation does not require prior authorization. All visits after that point require prior authorization.  <b>Non-participating Providers:</b> All visits require prior authorization.	2/21/2024
Occupational Therapy	Prior to 9/1/2019	97116	THER PX 1 OR GRT AREAS EA 15 MIN GAIT TRAINJ W STAIR	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual	<b>Participating Providers:</b> Initial evaluation does not require prior authorization. All visits after that point require prior authorization.  <b>Non-participating Providers:</b> All visits require prior authorization.	2/21/2024
Occupational Therapy	Prior to 9/1/2019	97124	THER PX 1 OR GRT AREAS EACH 15 MINUTES MASSAGE	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual	<b>Participating Providers:</b> Initial evaluation does not require prior authorization. All visits after that point require prior authorization.  <b>Non-participating Providers:</b> All visits require prior authorization.	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Occupational Therapy	4/1/2020	97129	THER IVNTJ COG FUNCJ CNTCT 1ST 15 MINUTES	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	<b>Participating Providers:</b> Initial evaluation does not require prior authorization. All visits after that point require prior authorization.  <b>Non-participating Providers:</b> All visits require prior authorization.	2/21/2024
Occupational Therapy	4/1/2020	97130	THER IVNTJ COG FUNCJ CNTCT EA ADDL 15 MINUTES	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	<b>Participating Providers:</b> Initial evaluation does not require prior authorization. All visits after that point require prior authorization.  <b>Non-participating Providers:</b> All visits require prior authorization.	2/21/2024
Occupational Therapy	Prior to 9/1/2019	97140	MANUAL THERAPY TQS 1 OR GRT REGIONS EACH 15 MINUTES	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual	<b>Participating Providers:</b> Initial evaluation does not require prior authorization. All visits after that point require prior authorization.  <b>Non-participating Providers:</b> All visits require prior authorization.	2/21/2024
Occupational Therapy	Prior to 9/1/2019	97150	THERAPEUTIC PROCEDURES GROUP 2 OR GRT INDIVIDUALS	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual	<b>Participating Providers:</b> Initial evaluation does not require prior authorization. All visits after that point require prior authorization.  <b>Non-participating Providers:</b> All visits require prior authorization.	2/21/2024
Occupational Therapy	Prior to 9/1/2019	97168	OCCUPATIONAL THER RE-EVAL EST PLAN CARE 30 MINS	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual	<b>Participating Providers:</b> Initial evaluation does not require prior authorization. All visits after that point require prior authorization.  <b>Non-participating Providers:</b> All visits require prior authorization.	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Occupational Therapy	Prior to 9/1/2019	97530	THERAPEUTIC ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual	<b>Participating Providers:</b> Initial evaluation does not require prior authorization. All visits after that point require prior authorization.  <b>Non-participating Providers:</b> All visits require prior authorization.	2/21/2024
Occupational Therapy	Prior to 9/1/2019	97533	SENSORY INTEGRATIVE TECHNIQUES EACH 15 MINUTES	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual	<b>Participating Providers:</b> Initial evaluation does not require prior authorization. All visits after that point require prior authorization.  <b>Non-participating Providers:</b> All visits require prior authorization.	2/21/2024
Occupational Therapy	Prior to 9/1/2019	97535	SELF-CARE HOME MGMT TRAINING EACH 15 MINUTES	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual	<b>Participating Providers:</b> Initial evaluation does not require prior authorization. All visits after that point require prior authorization.  <b>Non-participating Providers:</b> All visits require prior authorization.	2/21/2024
Occupational Therapy	7/1/2023	97537	COMMUNITY/WORK REINTEGRATION TRAINING EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual	<b>Participating Providers:</b> Initial evaluation does not require prior authorization. All visits after that point require prior authorization.  <b>Non-participating Providers:</b> All visits require prior authorization.	2/21/2024
Occupational Therapy	7/1/2023	97750	PHYSICAL PERFORMANCE TEST/MEAS W/REPRT EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual	<b>Participating Providers:</b> Initial evaluation does not require prior authorization. All visits after that point require prior authorization.  <b>Non-participating Providers:</b> All visits require prior authorization.	2/21/2024

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Occupational Therapy	7/1/2023	97760	ORTHOTICS MGMT AND TRAIING INITIAL ENCTR EA 15 MINS	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual	<b>Participating Providers:</b> Initial evaluation does not require prior authorization. All visits after that point require prior authorization.  <b>Non-participating Providers:</b> All visits require prior authorization.	2/21/2024
Occupational Therapy	7/1/2023	97761	PROSTHETICS TRAINING INITIAL ENCTR EA 15 MINS	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual	<b>Participating Providers:</b> Initial evaluation does not require prior authorization. All visits after that point require prior authorization.  <b>Non-participating Providers:</b> All visits require prior authorization.	2/21/2024
Occupational Therapy	7/1/2023	97763	ORTHOTICS/PROSTH MGMT and /TRAINING SBSQ ENCTR 15 MIN	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual	<b>Participating Providers:</b> Initial evaluation does not require prior authorization. All visits after that point require prior authorization.  <b>Non-participating Providers:</b> All visits require prior authorization.	2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	1/1/2022	0674T	LAPS INSJ NEW/RPLCMT PERM ISDSS AGMNTJ CAR FUNCJ	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	1/1/2022	0675T	LAPS INSJ NEW/RPLCMT LEAD PERM ISDSS 1ST LEAD	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria		2/21/2024



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<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	1/1/2022	0676T	LAPS INSJ NEW/RPLCMT LEAD PERM ISDSS EA ADL LEAD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	1/1/2022	0677T	APS REPOS LEAD PERM ISDSS 1ST REPOSITIONED LEAD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	1/1/2022	0678T	LAPS REPOS LEAD PERM ISDSS EA ADDL REPOS LEAD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	1/1/2022	0679T	LAPAROSCOPIC REMOVAL LEAD PERM ISDSS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	1/1/2022	0680T	INSJ/RPLCMT PULSE GENERATOR ONLY ISDSS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024

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<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaition	1/1/2022	0681T	RELOCATION PULSE GENERATOR ONLY ISDSS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaition	1/1/2022	0682T	REMOVAL PULSE GENERATOR ONLY ISDSS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaition	1/1/2022	0683T	PROGRAMMING DEVICE EVALUATION IN PERSON ISDSS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaition	1/1/2022	0684T	PERIPROCEDURAL DEVICE EVALUATION IN PERSON ISDSS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaition	1/1/2022	0685T	INTERROGATION DEVICE EVALUATION IN PERSON ISDSS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaition	1/1/2022	0707T	NIX BONE SUB MATRL INTO SUBCHONDRAL BONE DEFECT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaition	Prior to 9/1/2019	15786	ABRASION 1 LESION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaition	Prior to 9/1/2019	15819	CERVICOPLASTY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaition	Prior to 9/1/2019	15830	EXCISION SKIN ABD INFRAUMBILICAL PANNICLECTOMY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaition	Prior to 9/1/2019	17360	CHEMICAL EXFOLIATION ACNE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024

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<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaition	1/1/2023	19303	MASTECTOMY SIMPLE COMPLETE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	No prior auth required for service when associated with a cancer diagnosis.	2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaition	4/1/2020	20560	NEEDLE INSERTION W/O INJECTION 1 OR 2 MUSCLES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaition	4/1/2020	20561	NEEDLE INSERTION W/O INJECTION 3 OR MORE MUSCLES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaition	Prior to 9/1/2019	21073	MANIPULATION TMJ THERAPEUTIC REQUIRE ANESTHESIA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaition	Prior to 9/1/2019	21120	GENIOPLASTY AUGMENTATION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024

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<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	21121	GENIOPLASTY SLIDING OSTEOTOMY SINGLE PIECE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	21122	GENIOPLASTY 2 OR GRT SLIDING OSTEOTOMIES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	21123	GENIOP SLIDING AGMNTJ W INTERPOSAL BONE GRAFTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	21125	AGMNTJ MNDBLR BODY ANGLE PROSTHETIC MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	21127	AGMNTJ MNDBLR BDY ANGL W GRF ONLAY INTERPOSAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024

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<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	21137	REDUCTION FOREHEAD CONTOURING ONLY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	21138	RDCTJ FHD CNTRG AND PROSTHETIC MATRL BONE GRAFT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	21139	RDCTJ FHD CNTRG AND SETBACK ANT FRONTAL SINUS WALL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	21141	RCNSTJ MIDFACE LEFORT I 1 PIECE W O BONE GRAFT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	21142	RCNSTJ MIDFACE LEFORT I 2 PIECES W O BONE GRAFT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024

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<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	21143	RCNSTJ MIDFACE LEFORT I 3 OR GRT PIECE W O BONE GRAFT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	21145	RCNSTJ MIDFACE LEFORT I 1 PIECE W BONE GRAFTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	21146	RCNSTJ MIDFACE LEFORT I 2 PIECES W BONE GRAFTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	21147	RCNSTJ MIDFACE LEFORT I 3 OR GRT PIECE W BONE GRAFTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	21150	RCNSTJ MIDFACE LEFORT II ANTERIOR INTRUSION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024

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<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaition	Prior to 9/1/2019	21151	RCNSTJ MIDFACE LEFORT II W BONE GRAFTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaition	Prior to 9/1/2019	21154	RCNSTJ MIDFACE LEFORT III W O LEFORT I	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaition	Prior to 9/1/2019	21155	RCNSTJ MIDFACE LEFORT III W LEFORT I	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaition	Prior to 9/1/2019	21159	RCNSTJ MIDFACE LEFORT III W FHD W O LEFORT I	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaition	Prior to 9/1/2019	21160	RCNSTJ MIDFACE LEFORT III W FHD W LEFORT I	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024



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<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	21172	RCNSTJ SUPERIOR-LATERAL ORBITAL RIM AND LOWER FHD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	21175	RCNSTJ BIFRONTAL SUPERIOR-LAT ORB RIMS AND LWR FHD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	21240	ARTHRP TEMPOROMANDIBULAR JOINT W WO AUTOGRAFT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	21242	ARTHROPLASTY TEMPOROMANDIBULAR JT W ALLOGRAFT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	21243	ARTHRP TMPRMAND JOINT W PROSTHETIC REPLACEMENT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024

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<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	21270	MALAR AUGMENTATION PROSTHETIC MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	21280	MEDIAL CANTHOPEXY SEPARATE PROCEDURE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	21282	LATERAL CANTHOPEXY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	21295	REDUCTION MASSETER MUSCLE AND BONE EXTRAORAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	21296	REDUCTION MASSETER MUSCLE AND BONE INTRAORAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaition	4/1/2020	21601	EXCISION CHEST WALL TUMOR INCLUDING RIBS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaition	Prior to 9/1/2019	22100	PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM CRV	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaition	Prior to 9/1/2019	22101	PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM THRC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaition	Prior to 9/1/2019	22102	PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM LMBR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaition	Prior to 9/1/2019	22110	PRTL EXC VRT BDY B1Y LES W O SPI CORD 1 SGM CRV	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024

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<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	22112	PRTL EXC VRT BDY B1Y LES W O SPI CORD 1 SGM THRC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	22114	PRTL EXC VRT BDY B1Y LES W O SPI CORD 1 SGM LMBR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	22206	OSTEOTOMY SPINE POSTERIOR 3 COLUMN THORACIC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	22207	OSTEOTOMY SPINE POSTERIOR 3 COLUMN LUMBAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	22210	OSTEOTOMY SPINE PST PSTLAT APPR 1 VRT SGM CRV	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaion	Prior to 9/1/2019	22212	OSTEOTOMY SPINE PST PSTLAT APPR 1 VRT SGM THRC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaion	Prior to 9/1/2019	22214	OSTEOTOMY SPINE PST PSTLAT APPR 1 VRT SGM LMBR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaion	Prior to 9/1/2019	22220	OSTEOTOMY SPINE W DSKC ANT APPR 1 VRT SGM CRV	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaion	Prior to 9/1/2019	22222	OSTEOTOMY SPINE W DSKC ANT APPR 1 VRT SGM THRC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaion	Prior to 9/1/2019	22224	OSTEOTOMY SPINE W DSKC ANT APPR 1 VRT SGM LMBR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024

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<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	22526	PERQ INTRDACL ELECTROTHRM ANNULOPLASTY 1 LEVEL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	22527	PERQ INTRDACL ELECTROTHRM ANNULOPLASTY ADDL LVL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	22532	ARTHRODESIS LATERAL EXTRACAVITARY THORACIC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	22533	ARTHRODESIS LATERAL EXTRACAVITARY LUMBAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	22548	ARTHRD ANT TRANSORL XTRORAL C1-C2 W WO EXC ODNTD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024

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<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	1/1/2021	22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	22554	ARTHRD ANT MIN DISCECT INTERBODY CERV BELOW C2	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	22556	ARTHRD ANT MIN DISCECTOMY INTERBODY THORACIC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	22558	ARTHRODESIS ANTERIOR INTERBODY LUMBAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024

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<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaition	Prior to 9/1/2019	22586	ARTHRODESIS PRESACRAL INTRBDY W INSTRUMENT L5-S1	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaition	Prior to 9/1/2019	22590	ARTHRODESIS POSTERIOR CRANIOCERVICAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaition	Prior to 9/1/2019	22595	ARTHRODESIS POSTERIOR ATLAS-AXIS C1-C2	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaition	Prior to 9/1/2019	22600	ARTHRODESIS PST PSTLAT CERVICAL BELW C2 SGM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaition	Prior to 9/1/2019	22610	ARTHRODESIS POSTERIOR POSTEROLATERAL THORACIC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024



Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	22612	ARTHRODESIS POSTERIOR POSTEROLATERAL LUMBAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	22630	ARTHRODESIS POSTERIOR INTERBODY LUMBAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	22633	ARTHDSIS POST POSTEROLATRL POSTINTERBODY LUMBAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	22800	ARTHRODESIS POSTERIOR SPINAL DFRM UP 6 VRT SEG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	22802	ARTHRODESIS POSTERIOR SPINAL DFRM 7-12 VRT SEG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024

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<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	22804	ARTHRODESIS POSTERIOR SPINAL DFRM 13 OR GRT VRT SEG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	22808	ARTHRODESIS ANTERIOR SPINAL DFRM 2-3 VRT SEG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	22810	ARTHRODESIS ANTERIOR SPINAL DFRM 4-7 VRT SEG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	22812	ARTHRODESIS ANTERIOR SPINAL DFRM 8 OR GRT VRT SEG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	22818	KYPHECTOMY SINGLE OR TWO SEGMENTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024

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<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	22819	KYPHECTOMY 3 OR MORE SEGMENTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	22849	REINSERTION SPINAL FIXATION DEVICE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	22850	REMOVAL POSTERIOR NONSEGMENTAL INSTRUMENTATION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	22852	REMOVAL POSTERIOR SEGMENTAL INSTRUMENTATION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	22855	REMOVAL ANTERIOR INSTRUMENTATION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024

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<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	22856	TOT DISC ARTHRP ART DISC ANT APPRO 1 NTRSPC CRV	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	22857	TOT DISC ARTHRP ART DISC ANT APPRO 1 NTRSPC LMBR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	1/1/2023	22860	TOTAL DISC ARTHRP ANT SECOND INTERSPACE LUMBAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Artificial Intervertebral Disc Replacement (ADR) Surgery (Lumbar and Cervical)		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	22861	REVJ RPLCMT DISC ARTHROPLASTY ANT 1 NTRSPC CRV	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Artificial Intervertebral Disc Replacement (ADR) Surgery (Lumbar and Cervical)		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	22862	REVJ RPLCMT DISC ARTHROPLASTY ANT 1 NTRSPC LMBR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Artificial Intervertebral Disc Replacement (ADR) Surgery (Lumbar and Cervical)		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	22864	RMVL DISC ARTHROPLASTY ANT 1 INTERSPACE CERVICAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Artificial Intervertebral Disc Replacement (ADR) Surgery (Lumbar and Cervical)		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	22865	RMVL DISC ARTHROPLASTY ANT 1 INTERSPACE LUMBAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Artificial Intervertebral Disc Replacement (ADR) Surgery (Lumbar and Cervical)		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	22867	INSJ STABLJ DEV W DCMPRN LUMBAR SINGLE LEVEL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	22868	INSJ STABLJ DEV W DCMPRN LUMBAR SECOND LEVEL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	22869	INSJ STABLJ DEV W O DCMPRN LUMBAR SINGLE LEVEL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024

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<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	22870	INSJ STABLI DEV W O DCMPRN LUMBAR SECOND LEVEL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	1/1/2021	23410	OPEN REPAIR OF ROTATOR CUFF ACUTE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	23412	OPEN REPAIR OF ROTATOR CUFF CHRONIC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	1/1/2021	23415	CORACOACROMIAL LIGAMENT RELEASES W/WOACROMIOPLASTY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	1/1/2021	23420	RECONSTRUCTION ROTATOR CUFF AVULSION CHRONIC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaion	1/1/2021	23430	TENODESIS LONG TENDON BICEPS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaion	1/1/2021	23450	CAPSULORRHAPHY ANTERIOR PUTTI PLATT/MAGNUSON	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaion	1/1/2021	23455	CAPSULORRHAPHY ANTERIOR W/LABRAL REPAIR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaion	1/1/2021	23460	CAPSULORRHAPHY ANTERIOR WITH BONE BLOCK	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaion	1/1/2021	23462	CAPSULORRHAPHY ANTERIOR W/CORACOID PROCESS TR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria		2/21/2024

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<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	1/1/2021	23465	CAPSULORRHAPHY GLENOHUMERAL JT PST W/WO BONE BLK	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	1/1/2021	23466	CAPSULORRHAPHY GLENOHUMRL JT MULTI-DIRIONAL INS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	23470	ARTHROPLASTY GLENOHUMRL JT HEMIARTHROPLASTY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	1/1/2021	23472	ARTHROPLASTY GLENOHUMERAL JOINT TOTAL SHOULDER	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	1/1/2021	23473	REVIS SHOULDER ARTHRPLSTY HUMERAL/GLENOID COMPNT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria		2/21/2024



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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaion	1/1/2021	23474	REVIS SHOULDER ARTHRPLSTY HUMERAL AND GLENOID COMPNT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaion	Prior to 9/1/2019	27120	ACETABULOPLASTY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaion	Prior to 9/1/2019	27125	HEMIARTHROPLASTY HIP PARTIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaion	Prior to 9/1/2019	27130	ARTHRP ACETBLR PROX FEM PROSTC AGRFT ALGRFT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaion	Prior to 9/1/2019	27132	CONV PREV HIP TOT HIP ARTHRP W WO AGRFT ALGRFT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024

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<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	27134	REVJ TOT HIP ARTHRP BTH W WO AGRFT ALGRFT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	27137	REVJ TOT HIP ARTHRP ACTBLR W WO AGRFT ALGRFT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	27138	REVJ TOT HIP ARTHRP FEM ONLY W WO ALGRFT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	1/1/2024	27278	ARTHRD SJ JT PRQ W/PLMT IARTIC IMPLT WO TFXJ DEV	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	1/1/2021	27333	ARTHRT W/EXC SEMILUNAR CRTLG KNEE MEDIAL and LAT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaion	1/1/2021	27405	RPR PRIMARY TORN LIGM and /CAPSULE KNEE COLLATERAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaion	1/1/2021	27407	REPAIR PRIMARY TORN LIGM and /CAPSULE KNEE CRUCIAT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaion	1/1/2021	27409	RPR 1 TORN LIGM and /CAPSL KNE COLTRL and CRUCIATE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaion	1/1/2021	27412	AUTOLOGOUS CHONDROCYTE IMPLANTATION KNEE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Texas Medicaid Provider Procedures Manual		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaion	1/1/2021	27415	OSTEOCHONDRAL ALLOGRAFT KNEE OPEN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria		2/21/2024

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaion	1/1/2021	27416	OSTEOCHONDRAL AUTOGRAFT KNEE OPEN MOSAICPLASTY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaion	1/1/2021	27418	ANTERIOR TIBIAL TUBERCLEPLASTY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaion	1/1/2021	27420	RCNSTJ DISLOCATING PATELLA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaion	1/1/2021	27422	RCNSTJ DISLC PATELLA W/XTNSR RELIGNMT and /MUSC RL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaion	1/1/2021	27424	RCNSTJ DISLC PATELLA W/PATELLECTOMY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria		2/21/2024

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<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	1/1/2021	27427	LIGAMENOUS RECONSTRUCTION KNEE EXTRA-ARTICULAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	1/1/2021	27428	LIGAMENOUS RECONSTRUCTION KNEE INTRA-ARTICULAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	1/1/2021	27429	LIGMOUS RCNSTJ AGMNTJ KNE INTRA-ARTICULAR XTR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	27438	ARTHROPLASTY PATELLA W PROSTHESIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	27440	ARTHROPLASTY KNEE TIBIAL PLATEAU	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024

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<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	27441	ARTHRP KNEE TIBIAL PLATEAU DBRDMT AND PRTL SYNVCT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	27442	ARTHROPLASTY FEM CONDYLES TIBIAL PLATEAU KNEE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	27443	ARTHRP FEM CONDYLES TIBL PLATU KNE DBRDMT AND PRTL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	27445	ARTHROPLASTY KNEE HINGE PROSTHESIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	27446	ARTHRP KNEE CONDYLE AND PLATEAU MEDIAL LAT CMPRT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024

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<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	27447	ARTHRP KNE CONDYLE AND PLATU MEDIAL AND LAT COMPARTMENTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	27486	REVJ TOTAL KNEE ARTHRP W WVO ALGRFT 1 COMPONENT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	27487	REVJ TOT KNEE ARTHRP FEM AND ENTIRE TIBIAL COMPONE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	28035	RELEASE TARSAL TUNNEL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	28060	FASCIECTOMY PLANTAR FASCIA PARTIAL SPX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024

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<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	28062	FASCIOTOMY PLANTAR FASCIA RADICAL SPX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	28080	EXCISION INTERDIGITAL MORTON NEUROMA SINGLE EACH	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	28090	EXC LESION TENDON SHEATH CAPSULE W SYNCT FOOT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	28092	EXC LESION TENDON SHEATH CAPSULE W SYNCT TOE EA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	28104	EXC CURTG BONE CYST B9 TUMORTARSAL METATARSAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024



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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaion	Prior to 9/1/2019	28108	EXC CURTGT CST B9 TUM PHALANGES FOOT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaion	Prior to 9/1/2019	28110	OSTECTOMY PRTL 5TH METAR HEAD SPX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaion	Prior to 9/1/2019	28111	OSTECTOMY COMPLETE 1ST METATARSAL HEAD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaion	Prior to 9/1/2019	28112	OSTECTOMY COMPLETE OTHER METATARSAL HEAD 2 3 4	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaion	Prior to 9/1/2019	28113	OSTECTOMY COMPLETE 5TH METATARSAL HEAD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024

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<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	28118	OSTECTOMY CALCANEUS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	28119	OSTECTOMY CALCANEUS SPUR W WO PLNTAR FASCIAL RLS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	28120	PARTIAL EXCISION BONE TALUS CALCANEUS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	28122	PRTL EXC B1 TARSAL METAR B1 XCP TALUS CALCANEUS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	28124	PARTICAL EXCISION BONE PHALANX TOE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024

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<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	28200	RPR TDN FLXR FOOT 1 2 W O FREE GRAFG EACH TENDON	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	28202	RPR TENDON FLXR FOOT SEC W FREE GRAFT EA TENDON	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	28208	REPAIR TENDON EXTENSOR FOOT 1 2 EACH TENDON	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	28210	RPR TENDON XTNSR FOOT SEC W FREE GRAFT EA TENDON	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	28270	CAPSUL MITTARPHLNGL JT W WO TENORRHAPHY EA JT SPX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024

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<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	28285	CORRECTION HAMMERTOES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	28286	CORRECTION COCK-UP 5TH TOE W PLASTIC CLOSURE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	28288	OSTC PRTL EXOSTC CONDYLC METAR HEAD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	28289	HALLUX RIGIDUS W CHEILECTOMY 1ST MP JT W O IMPLT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	28291	HALLUX RIGIDUS W CHEILECTOMY 1ST MP JT W IMPLT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024

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<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	28292	CORRJ HALLUX VALGUS W SESMDC W RESCJ PROX PHAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	28295	CORRJ HALLUX VALGUS W SESMDC W PROX METAR OSTEOT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	28296	CORRJ HALLUX VALGUS W SESMDC W DIST METAR OSTEOT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	28297	CORRJ HALLUX VALGUS W SESMDC W 1METAR MEDIAL CNF	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	28298	CORRJ HALLUX VALGUS W SESMDC W PROX PHLNX OSTEOT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaition	Prior to 9/1/2019	28299	CORRI HALLUX VALGUS W SESMDC W 2 OSTEOT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaition	Prior to 9/1/2019	28300	OSTEOTOMY CALCANEUS W WO INTERNAL FIXATION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaition	Prior to 9/1/2019	28304	OSTEOTOMY TARSAL BONES OTH THN CALCANEUS TALUS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaition	Prior to 9/1/2019	28305	OSTEOT TARSAL OTH THN CALCANEUS TALUS W AGRFT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaition	Prior to 9/1/2019	28306	OSTEOT W WO LNGTH SHRT CORRJ 1ST METAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024

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<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	28307	OSTEOT W WO LNGTH SHRT CORRJ METAR XCP 1ST TOE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	28308	OSTEOT W WO LNGTH SHRT CORRJ METAR XCP 1ST EA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	28309	OSTEOT W WO LNGTH SHRT ANGULAR CORRJ METAR MLT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	28310	OSTEOT SHRT CORRJ PROX PHALANX 1ST TOE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	28312	OSTEOT SHRT CORRJ OTH PHALANGES ANY TOE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaion	Prior to 9/1/2019	28313	RCNSTJ ANGULAR DFRM TOE SOFT TISS PX ONLY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaion	Prior to 9/1/2019	28315	SESAMOIDECTOMY FIRST TOE SPX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaion	Prior to 9/1/2019	28320	REPAIR NONUNION MALUNION TARSAL BONES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaion	Prior to 9/1/2019	28322	RPR NON MALUNION METARSAL W WO BONE GRAFT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaion	Prior to 9/1/2019	28344	RECONSTRUCTION TOE POLYDACTLY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024



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<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	28345	RCNSTJ TOE SYNDACTYLY W WO SKIN GRAFT EACH WEB	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	28705	ARTHRODESIS PANTALAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	28715	ARTHRODESIS TRIPLE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	28725	ARTHRODESIS SUBTALAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	28730	ARTHRD MIDTARSL TARSOMETATARSAL MULT TRANSVRS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024

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<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	28735	ARTHRD MIDTARSL TARS MLT TRANSVRS W OSTEOT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	28737	ARTHRD W TDN LNGTH AND ADVMNT TARSL NVCLR-CUNEIFOR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	28740	ARTHRODESIS MIDTARSOMETATARSAL SINGLE JOINT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	28750	ARTHRODESIS GREAT TOE METATARSOPHALANGEAL JOINT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	28755	ARTHRODESIS GREAT TOE INTERPHALANGEAL JOINT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaion	Prior to 9/1/2019	28760	ARTHRD W XTNSR HALLUCIS LONGUS TR 1ST METAR NCK	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaion	Prior to 9/1/2019	28890	ESWT HI NRG PHYS QHP W US GDN INVG PLNTAR FASCIA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaion	1/1/2021	29805	ARTHROSCOPY SHOULDER DX W/WO SYNOVIAL BIOPSY SPX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaion	Prior to 9/1/2019	29806	ARTHROSCOPY SHOULDER SURGICAL CAPSULORRHAPHY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaion	Prior to 9/1/2019	29807	ARTHROSCOPY SHOULDER SURGICAL REPAIR SLAP LESION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024

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<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	29819	ARTHROSCOPY SHOULDER SURGICAL REMOVAL LOOSE FB	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	29820	ARTHROSCOPY SHOULDER SURG SYNOVECTOMY PARTIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	29821	ARTHROSCOPY SHOULDER SURG SYNOVECTOMY COMPLETE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	29822	ARTHROSCOPY SHOULDER SURG DEBRIDEMENT LIMITED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	29823	ARTHROSCOPY SHOULDER SURG DEBRIDEMENT EXTENSIVE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaion	Prior to 9/1/2019	29824	ARTHROSCOPY SHOULDER DISTAL CLAVICULECTOMY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaion	Prior to 9/1/2019	29825	ARTHROSCOPY SHOULDER AHESIOLYSIS W WO MANIPJ	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaion	Prior to 9/1/2019	29827	ARTHROSCOPY SHOULDER ROTATOR CUFF REPAIR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaion	Prior to 9/1/2019	29828	ARTHROSCOPY SHOULDER BICEPS TENODESIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaion	1/1/2021	29860	ARTHROSCOPY HIP DIAGNOSTIC W/WO SYNOVIAL BYP SPX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaition	1/1/2021	29862	ARTHRS HIP DEBRIDEMENT/SHAVING ARTICULAR CRTLG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaition	1/1/2021	29863	ARTHROSCOPY HIP SURGICAL W/SYNOVECTOMY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaition	1/1/2021	29866	ARTHROSCOPY KNEE OSTEOCHONDRAL AGRFT MOSAICPLAST	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaition	1/1/2021	29867	ARTHROSCOPY KNEE OSTEOCHONDRAL ALLOGRAFT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaition	1/1/2021	29868	ARTHROSCOPY KNEE MENISCAL TRNSPLJ MED/LAT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria		2/21/2024

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<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	1/1/2021	29870	ARTHROSCOPY KNEE DIAGNOSTIC W/WO SYNOVIAL BX SPX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	29873	ARTHROSCOPY KNEE LATERAL RELEASE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	29874	ARTHROSCOPY KNEE REMOVAL LOOSE FOREIGN BODY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	29875	ARTHROSCOPY KNEE SYNOVECTOMY LIMITED SPX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	29876	ARTHROSCOPY KNEE SYNOVECTOMY 2 OR GRT COMPARTMENTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024

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<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	29877	ARTHRS KNEE DEBRIDEMENT SHAVING ARTCLR CRTLG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	29879	ARTHRS KNEE ABRASION ARTHRP MLT DRLG MICROFX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	29880	ARTHRS KNEE W MENISCECTOMY MED AND LAT W SHAVING	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	29881	ARTHRS KNE SURG W MENISCECTOMY MED LAT W SHVG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	29882	ARTHROSCOPY KNEE W MENISCUS RPR MEDIAL LATERAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024



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<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	29883	ARTHROSCOPY KNEE W MENISCUS RPR MEDIAL AND LATERAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	29884	ARTHROSCOPY KNEE W LYSIS ADHESIONS W WO MANJ SPX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	29885	ARTHRS KNEE DRILL OSTEOCHONDRITIS DISSECANS GRFG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	29886	ARTHRS KNEE DRILLING OSTEOCHOND DISSECANS LESION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	29887	ARTHRS KNEE DRLG OSTEOCHOND DISSECANS INT FIXJ	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024

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<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	29888	ARTHRS AIDED ANT CRUCIATE LIGM RPR AGMNTJ RCNSTJ	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	29889	ARTHRS AIDED PST CRUCIATE LIGM RPR AGMNTJ RCNSTJ	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	29891	ARTHRS ANKLE EXC OSTCHNDRL DFCT W DRLG DFCT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	29892	ARTHRS AID RPR LES TALAR DOME FX TIBL PLAFOND FX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	29893	ENDOSCOPIC PLANTAR FASCIOTOMY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024

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<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	29894	ARTHROSCOPY ANKLE W REMOVAL LOOSE FOREIGN BODY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	29895	ARTHROSCOPY ANKLE SURGICAL SYNOVECTOMY PARTIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	29897	ARTHROSCOPY ANKLE SURGICAL DEBRIDEMENT LIMITED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	29898	ARTHROSCOPY ANKLE SURGICAL DEBRIDEMENT EXTENSIVE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	29899	ARTHROSCOPY ANKLE SURGICAL W ANKLE ARTHRODESIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaion	Prior to 9/1/2019	29914	ARTHROSCOPY HIP W FEMOROPLASTY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaion	Prior to 9/1/2019	29915	ARTHROSCOPY HIP W ACETABULOPLASTY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaion	Prior to 9/1/2019	29916	ARTHROSCOPY HIP W LABRAL REPAIR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaion	Prior to 9/1/2019	30465	REPAIR NASAL VESTIBULAR STENOSIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaion	1/1/2023	30469	RPR NSL VLV COLLAPSE LW NRG SUBQ/SBMCSL RMDLG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaion	Prior to 9/1/2019	30520	SEPTOPLASTY SUBMUCOUS RESECT W WO CARTILAGE GRF	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaion	Prior to 9/1/2019	30545	REPAIR CHOANAL ATRESIA TRANSPALATINE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaion	Prior to 9/1/2019	31253	NASAL SINUS NDSC TOT W FRNT SINS EXPL TISS RMVL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaion	Prior to 9/1/2019	31257	NASAL SINUS NDSC TOTAL WITH SPHENOIDOTOMY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaion	Prior to 9/1/2019	31259	NASAL SINUS NDSC TOT W SPHENDT W SPHEN TISS RMVL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaition	Prior to 9/1/2019	31295	NASAL SINUS NDSC SURG W DILAT MAXILLARY SINUS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaition	Prior to 9/1/2019	31296	NASAL SINUS NDSC SURG W DILATION FRONTAL SINUS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaition	Prior to 9/1/2019	31297	NASAL SINUS NDSC SURG W DILATION SPHENOID SINUS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaition	Prior to 9/1/2019	31298	NASAL SINUS NDSC W FRONTAL AND SPHEN SINS DILATION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaition	Prior to 9/1/2019	31660	BRONCHOSCOPIC THERMOPLASTY ONE LOBE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Bronchial Thermoplasty		2/21/2024

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaition	Prior to 9/1/2019	31661	BRONCHOSCOPIC THERMOPLASTY 2 OR GRT LOBES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Bronchial Thermoplasty		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaition	Prior to 9/1/2019	33206	INS NEW RPLCMT PRM PACEMAKR W TRANS ELTRD ATRIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaition	Prior to 9/1/2019	33207	INS NEW RPLC PRM PACEMAKER W TRANSV ELTRD VENTR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaition	Prior to 9/1/2019	33208	INS NEW RPLCMT PRM PM W TRANSV ELTRD ATRIAL AND VENT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaition	1/1/2021	33210	INSJ/RPLCMT TEMP TRANSVNS 1CHMBR ELTRD/PM CATH	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaion	1/1/2021	33211	INSI/RPLCMT TEMP TRANSVNS ZCHMBR PACG ELTRDS SPX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaion	Prior to 9/1/2019	33212	INS PM PLS GEN W EXIST SINGLE LEAD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaion	Prior to 9/1/2019	33213	INS PACEMAKER PULSE GEN ONLY V EXIST DUAL LEADS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaion	Prior to 9/1/2019	33214	UPG PACEMAKER SYS CONVERT 1CHMBR SYS 2CHMBR SYS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaion	1/1/2021	33215	RPSG PREV IMPLTED PM/DFB R ATR/R VENTR ELECTRODE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria		2/21/2024



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<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	1/1/2021	33216	INSJ 1 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	1/1/2021	33217	INSJ 2 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	33221	INS PACEMAKER PULSE GEN ONLY V EXIST MULT LEADS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	33224	INSJ ELTRD CAR VEN SYS ATTCH PREV PM DFB PLS GEN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	33225	INSJ ELTRD CAR VEN SYS TM INSJ DFB PM PLS GEN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024

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<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaition	Prior to 9/1/2019	33227	REMVLM PERM PM PLSE GEN W REPL PLSE GEN SNGL LEAD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaition	Prior to 9/1/2019	33228	REMVLM PERM PM PLS GEN W REPL PLSE GEN 2 LEAD SYS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaition	Prior to 9/1/2019	33229	REMVLM PERM PM PLS GEN W REPL PLSE GEN MULT LEAD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaition	Prior to 9/1/2019	33230	INJSJ IMPLNTBL DEFIB PULSE GEN W EXIST DUAL LEADS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaition	Prior to 9/1/2019	33231	INJSJ IMPLNTBL DEFIB PULSE GEN W EXIST MULTILEADS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024

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<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	33240	IN SJ IMPLNTBL DEFIB PULSE GEN W 1 EXISTING LD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	33249	IN SJ RPLCMT PERM DFB W TRNSVNS LDS 1 DUAL CHMBR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	33262	RMVL IMPLTBL DFB PLSE GEN W REPL PLSE GEN 1 LEAD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	33263	RMVL IMPLTBL DFB PLSE GEN W RPLCMT PLSE GEN 2 LD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	33264	RMVL IMPLTBL DFB PLS GEN W RPLCMT PLS GEN MLT LD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaition	1/1/2022	33267	Exclusion of left atrial appendage, open, any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaition	1/1/2022	33268	EXCLUSION LAA OPEN TM STRNT/THRCM ANY METHOD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaition	1/1/2022	33269	EXCLUSION L ATR APPENDAGE THORACOSCOPIC ANY METH	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaition	Prior to 9/1/2019	33270	INS RPLCMNT PERM SUBQ IMPLTBL DFB W SUBQ ELTRD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaition	Prior to 9/1/2019	33274	TCAT INSJ RPL PERM LEADLESS PACEMAKER RV W IMG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024

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<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	33275	TCAT REMOVAL PERM LEADLESS PACEMAKER R VENTR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	1/1/2021	33285	INSERTION SUBQ CARDIAC RHYTHM MONITOR W/PRGRMG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	33289	TCAT IMPL WRLS P-ART PRS SNR L-T HEMODYN MNTR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	1/1/2022	33370	TRANSCATHETER PLACEMENT and SBSQ REMOVAL CEPD PERQ	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	1/1/2023	33900	PERQ P-ART REVSC ST 1ST NML NATIVE CONNJ UNI	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaition	1/1/2023	33901	PERQ P-ART REVSC ST 1ST NML NATIVE CONNJ BI	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaition	1/1/2023	33902	PERQ P-ART REVSC ST 1ST ABNOR CONNJ UNILATERAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaition	1/1/2023	33903	PERQ P-ART REVSC ST 1ST ABNORMAL CONNJ BILATERAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaition	1/1/2023	33904	PERQ P-ART REVSC ST EA ADDL VSL/SEP LES NM/ABNL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaition	1/1/2021	33975	INSJ VENTRIC ASSIST DEV XTRCORP SINGLE VENTRICLE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaition	1/1/2021	33976	INSJ VENTRIC ASSIST DEV XTRCORP BIVENTRICULAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaition	Prior to 9/1/2019	33979	INSJ VENTR ASSIST DEV IMPLTABLE ICORP 1 VNTRC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaition	Prior to 9/1/2019	36465	NJX NONCMPND SCLEROSANT SINGLE INCMPTNT VEIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaition	Prior to 9/1/2019	36466	NJX NONCMPND SCLEROSANT MULTIPLE INCMPTNT VEINS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaition	Prior to 9/1/2019	36468	INJECTIONS SCLEROSANT FOR SPIDER VEINS LIM TRNK	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024

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<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaition	Prior to 9/1/2019	36470	INJECTION SCLEROSANT SINGLE INCMPTNT VEIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaition	Prior to 9/1/2019	36471	INJECTION SCLEROSANT MULTIPLE INCMPTNT VEINS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaition	1/1/2021	36473	ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM 1ST VEIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaition	Prior to 9/1/2019	36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaition	Prior to 9/1/2019	36476	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 2ND PLUS VEINS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024



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<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	36478	ENDOVEN ABLTI INCMPTNT VEIN XTR LASER 1ST VEIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	36479	ENDOVEN ABLTI INCMPTNT VEIN XTR LASER 2ND PLUS VEINS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	36482	ENDOVEN ABLTI THER CHEM ADHESIVE 1ST VEIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	36483	ENDOVEN ABLTI THER CHEM ADHESIVE SBSQ VEIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	37191	INS INTRVAS VC FILTR W WO VAS ACS VSL SELXN RS AND I	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaion	1/1/2021	37220	REVASCULARIZATION ILIAC ARTERY ANGIOPL 1ST VSL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaion	1/1/2021	37221	REVSC OPN/PRQ ILIAC ART W/STNT PLMT & ANGIOPLSTY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaion	1/1/2021	37224	REVSC OPN/PRG FEM/POP W/ANGIOPLASTY UNI	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaion	1/1/2021	37225	REVSC OPN/PRQ FEM/POP W/ATHRC/ANGIOP SM VSL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaion	1/1/2021	37226	REVSC OPN/PRQ FEM/POP W/STNT/ANGIOP SM VSL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria		2/21/2024

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<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	1/1/2021	37227	REVSC OPN/PRQ FEM/POP W/STNT/ATHRC/ANGIOP SM VSL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	1/1/2021	37228	REVSC OPN/PRQ TIB/PERO W/ANGIOPLASTY UNI	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	1/1/2021	37229	REVSC OPN/PRQ TIB/PERO W/ATHRC/ANGIOP SM VSL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	1/1/2021	37230	REVSC OPN/PRQ TIB/PERO W/STNT/ANGIOP SM VSL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	1/1/2021	37231	REVSC OPN/PRQ TIB/PERO W/STNT/ATHR/ANGIOP SM VSL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria		2/21/2024

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<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	37243	VASCULAR EMBOLIZE OCCLUDE ORGAN TUMOR INFARCT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria for uterine or urologic procedure.  Molina Clinical Policy: Genicular Artery Embolization of the Knee for Osteoarthritis for knee procedure		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	1/1/2021	37500	VASC ENDOSCOPY SURG W/LIG PERFORATOR VEINS SPX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	37700	LIG AND DIV LONG SAPH VEIN SAPHFEM JUNCT INTERRUPJ	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	37718	LIGJ DIVJ AND STRIPPING SHORT SAPHENOUS VEIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	37722	LIGJ DIVJ AND STRIP LONG SAPH SAPHFEM JUNCT KNE BELW	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024

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<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	37735	LIGI AND DIVI RADICAL STRIP LONG SHORT SAPHENOUS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	37760	LIG PRFRATR VEIN SUBFSCAL RAD INCL SKN GRF 1 LEG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	37761	LIG PRFRATR VEIN SUBFSCAL OPEN INCL US GID 1 LEG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	37765	STAB PHLEBT VARICOSE VEINS 1 XTR 10-20 STAB INCS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	37766	STAB PHLEBT VARICOSE VEINS 1 XTR OVER 20 INCS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaion	Prior to 9/1/2019	37780	LIGJ AND DIV SHORT SAPH VEIN SAPHENOPOP JUNCT SPX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaion	Prior to 9/1/2019	37785	LIGJ DIVJ AND EXCJ VARICOSE VEIN CLUSTER 1 LEG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaion	Prior to 9/1/2019	38204	MGMT RCP HEMATOP PROGENITOR CELL DONOR AND ACQUISJ	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaion	Prior to 9/1/2019	38207	TRNSPL PREPJ HEMATOP PROGEN CELLS CRYOPRSRV STOR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Hematopoietic Stem Cell Transplantation for Acute Myelogenous Leukemia; Hematopoietic Stem Cell Transplantation Ewing's Sarcoma; Hematopoietic Stem Cell Transplantation for Acute Lymphoblastic Leukemia; Hematopoietic Stem Cell Transplantation for Chronic Lymphoblastic Leukemia (CLL); Hematopoietic Stem Cell Transplantation for Chronic Myelogenous Leukemia (CML); Hematopoietic Stem Cell Transplantation for Immunodeficiency Disorders; Hematopoietic Stem Cell Transplantation for MPS; Hematopoietic Stem Cell Transplantation for Myelodysplastic Syndromes (MDS); Hematopoietic Stem Cell Transplantation for Neuroblastoma; Hematopoietic Stem Cell Transplantation for Primary Myelofibrosis; Hematopoietic Stem Cell Transplantation for Sickle Cell Anemia; Hematopoietic Stem Cell Transplantation Hodgkins and NonHodgkins Lymphoma; Hematopoietic Stem Cell Transplantation Multiple Myeloma		2/21/2024

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<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	38208	TRNSPL PREP HEMATOP PROGEN THAW PREV HRV PER DNR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Hematopoietic Stem Cell Transplantation for Acute Myelogenous Leukemia; Hematopoietic Stem Cell Transplantation Ewing's Sarcoma; Hematopoietic Stem Cell Transplantation for Acute Lymphoblastic Leukemia; Hematopoietic Stem Cell Transplantation for Chronic Lymphoblastic Leukemia (CLL); Hematopoietic Stem Cell Transplantation for Chronic Myelogenous Leukemia (CML); Hematopoietic Stem Cell Transplantation for Immunodeficiency Disorders; Hematopoietic Stem Cell Transplantation for MPS; Hematopoietic Stem Cell Transplantation for Myelodysplastic Syndromes (MDS); Hematopoietic Stem Cell Transplantation for Neuroblastoma; Hematopoietic Stem Cell Transplantation for Primary Myelofibrosis; Hematopoietic Stem Cell Transplantation for Sickle Cell Anemia; Hematopoietic Stem Cell Transplantation Hodgkins and NonHodgkins Lymphoma; Hematopoietic Stem Cell Transplantation Multiple Myeloma		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	38209	TRNSP PREP HMATOP PROG THAW PREV HRV WSH PER DNR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Hematopoietic Stem Cell Transplantation for Acute Myelogenous Leukemia; Hematopoietic Stem Cell Transplantation Ewing's Sarcoma; Hematopoietic Stem Cell Transplantation for Acute Lymphoblastic Leukemia; Hematopoietic Stem Cell Transplantation for Chronic Lymphoblastic Leukemia (CLL); Hematopoietic Stem Cell Transplantation for Chronic Myelogenous Leukemia (CML); Hematopoietic Stem Cell Transplantation for Immunodeficiency Disorders; Hematopoietic Stem Cell Transplantation for MPS; Hematopoietic Stem Cell Transplantation for Myelodysplastic Syndromes (MDS); Hematopoietic Stem Cell Transplantation for Neuroblastoma; Hematopoietic Stem Cell Transplantation for Primary Myelofibrosis; Hematopoietic Stem Cell Transplantation for Sickle Cell Anemia; Hematopoietic Stem Cell Transplantation Hodgkins and NonHodgkins Lymphoma; Hematopoietic Stem Cell Transplantation Multiple Myeloma		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	38210	TRNSPL PREPJ HEMATOP PROGEN DEPLJ IN HRV T-CELL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Hematopoietic Stem Cell Transplantation for Acute Myelogenous Leukemia; Hematopoietic Stem Cell Transplantation Ewing's Sarcoma; Hematopoietic Stem Cell Transplantation for Acute Lymphoblastic Leukemia; Hematopoietic Stem Cell Transplantation for Chronic Lymphoblastic Leukemia (CLL); Hematopoietic Stem Cell Transplantation for Chronic Myelogenous Leukemia (CML); Hematopoietic Stem Cell Transplantation for Immunodeficiency Disorders; Hematopoietic Stem Cell Transplantation for MPS; Hematopoietic Stem Cell Transplantation for Myelodysplastic Syndromes (MDS); Hematopoietic Stem Cell Transplantation for Neuroblastoma; Hematopoietic Stem Cell Transplantation for Primary Myelofibrosis; Hematopoietic Stem Cell Transplantation for Sickle Cell Anemia; Hematopoietic Stem Cell Transplantation Hodgkins and NonHodgkins Lymphoma; Hematopoietic Stem Cell Transplantation Multiple Myeloma		2/21/2024

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaion	Prior to 9/1/2019	38211	TRNSPL PREPJ HEMATOP PROGEN TUM CELL DEPLJ	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Hematopoietic Stem Cell Transplantation for Acute Myelogenous Leukemia; Hematopoietic Stem Cell Transplantation Ewing's Sarcoma; Hematopoietic Stem Cell Transplantation for Acute Lymphoblastic Leukemia; Hematopoietic Stem Cell Transplantation for Chronic Lymphoblastic Leukemia (CLL); Hematopoietic Stem Cell Transplantation for Chronic Myelogenous Leukemia (CML); Hematopoietic Stem Cell Transplantation for Immunodeficiency Disorders; Hematopoietic Stem Cell Transplantation for MPS; Hematopoietic Stem Cell Transplantation for Myelodysplastic Syndromes (MDS); Hematopoietic Stem Cell Transplantation for Neuroblastoma; Hematopoietic Stem Cell Transplantation for Primary Myelofibrosis; Hematopoietic Stem Cell Transplantation for Sickle Cell Anemia; Hematopoietic Stem Cell Transplantation Hodgkins and NonHodgkins Lymphoma; Hematopoietic Stem Cell Transplantation Multiple Myeloma		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaion	Prior to 9/1/2019	38212	TRNSPL PREPJ HEMATOP PROGEN RED BLD CELL RMVL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Hematopoietic Stem Cell Transplantation for Acute Myelogenous Leukemia; Hematopoietic Stem Cell Transplantation Ewing's Sarcoma; Hematopoietic Stem Cell Transplantation for Acute Lymphoblastic Leukemia; Hematopoietic Stem Cell Transplantation for Chronic Lymphoblastic Leukemia (CLL); Hematopoietic Stem Cell Transplantation for Chronic Myelogenous Leukemia (CML); Hematopoietic Stem Cell Transplantation for Immunodeficiency Disorders; Hematopoietic Stem Cell Transplantation for MPS; Hematopoietic Stem Cell Transplantation for Myelodysplastic Syndromes (MDS); Hematopoietic Stem Cell Transplantation for Neuroblastoma; Hematopoietic Stem Cell Transplantation for Primary Myelofibrosis; Hematopoietic Stem Cell Transplantation for Sickle Cell Anemia; Hematopoietic Stem Cell Transplantation Hodgkins and NonHodgkins Lymphoma; Hematopoietic Stem Cell Transplantation Multiple Myeloma		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaion	Prior to 9/1/2019	38213	TRNSPL PREPJ HEMATOP PROGEN PLTLT DEPLJ	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Hematopoietic Stem Cell Transplantation for Acute Myelogenous Leukemia; Hematopoietic Stem Cell Transplantation Ewing's Sarcoma; Hematopoietic Stem Cell Transplantation for Acute Lymphoblastic Leukemia; Hematopoietic Stem Cell Transplantation for Chronic Lymphoblastic Leukemia (CLL); Hematopoietic Stem Cell Transplantation for Chronic Myelogenous Leukemia (CML); Hematopoietic Stem Cell Transplantation for Immunodeficiency Disorders; Hematopoietic Stem Cell Transplantation for MPS; Hematopoietic Stem Cell Transplantation for Myelodysplastic Syndromes (MDS); Hematopoietic Stem Cell Transplantation for Neuroblastoma; Hematopoietic Stem Cell Transplantation for Primary Myelofibrosis; Hematopoietic Stem Cell Transplantation for Sickle Cell Anemia; Hematopoietic Stem Cell Transplantation Hodgkins and NonHodgkins Lymphoma; Hematopoietic Stem Cell Transplantation Multiple Myeloma		2/21/2024



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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaion	Prior to 9/1/2019	38214	TRNSPL PREPJ HEMATOP PROGEN PLSM VOL DEPLJ	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Hematopoietic Stem Cell Transplantation for Acute Myelogenous Leukemia; Hematopoietic Stem Cell Transplantation Ewing's Sarcoma; Hematopoietic Stem Cell Transplantation for Acute Lymphoblastic Leukemia; Hematopoietic Stem Cell Transplantation for Chronic Lymphoblastic Leukemia (CLL); Hematopoietic Stem Cell Transplantation for Chronic Myelogenous Leukemia (CML); Hematopoietic Stem Cell Transplantation for Immunodeficiency Disorders; Hematopoietic Stem Cell Transplantation for MPS; Hematopoietic Stem Cell Transplantation for Myelodysplastic Syndromes (MDS); Hematopoietic Stem Cell Transplantation for Neuroblastoma; Hematopoietic Stem Cell Transplantation for Primary Myelofibrosis; Hematopoietic Stem Cell Transplantation for Sickle Cell Anemia; Hematopoietic Stem Cell Transplantation Hodgkins and NonHodgkins Lymphoma; Hematopoietic Stem Cell Transplantation Multiple Myeloma		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaion	Prior to 9/1/2019	38215	TRNSPL PREPJ HEMATOP PROGEN CONCENTRATION PLSM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Hematopoietic Stem Cell Transplantation for Acute Myelogenous Leukemia; Hematopoietic Stem Cell Transplantation Ewing's Sarcoma; Hematopoietic Stem Cell Transplantation for Acute Lymphoblastic Leukemia; Hematopoietic Stem Cell Transplantation for Chronic Lymphoblastic Leukemia (CLL); Hematopoietic Stem Cell Transplantation for Chronic Myelogenous Leukemia (CML); Hematopoietic Stem Cell Transplantation for Immunodeficiency Disorders; Hematopoietic Stem Cell Transplantation for MPS; Hematopoietic Stem Cell Transplantation for Myelodysplastic Syndromes (MDS); Hematopoietic Stem Cell Transplantation for Neuroblastoma; Hematopoietic Stem Cell Transplantation for Primary Myelofibrosis; Hematopoietic Stem Cell Transplantation for Sickle Cell Anemia; Hematopoietic Stem Cell Transplantation Hodgkins and NonHodgkins Lymphoma; Hematopoietic Stem Cell Transplantation Multiple Myeloma		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaion	Prior to 9/1/2019	38232	BONE MARROW HARVEST TRANSPLANTATION AUTOLOGOUS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaion	1/1/2022	42975	Drug-induced sleep endoscopy, with dynamic evaluation of velum, pharynx, tongue base, and larynx for evaluation of sleep-disordered breathing, flexible, diagnostic	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024

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<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	1/1/2023	43291	ESPHGGSTRUDNSCPY; FLXIBLE, TRNSORAL; WITH RMVL OF INTRAGASTRIC BARIATRIC BALLON(S)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	43644	LAPS GSTR RSTCV PX W BYP ROUX-EN-Y LIMB UNDER 150 CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	43645	LAPS GSTR RSTCV PX W BYP AND SM INT RCNSTJ	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	43647	LAPS IMPLTJ RPLCMT GASTRIC NSTIM ELTRD ANTRUM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	43648	LAPS REVISION RMVL GASTRIC NSTIM ELTRD ANTRUM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/21/2024

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<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	43770	LAPS GASTRIC RESTRICTIVE PROCEDURE PLACE DEVICE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	43771	LAPS GASTRIC RESTRICTIVE PX REVISION DEVICE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	43772	LAPS GASTRIC RESTRICTIVE PX REMOVE DEVICE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	43773	LAPS GASTRIC RESTRICTIVE PX REMOVE AND RPLCMT DEVICE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	43774	LAPS GASTRIC RESTRICTIVE PX REMOVE DEVICE AND PORT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/21/2024

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<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	43842	GASTRIC RSTCV W O BYP VERTICAL- BANDED GASTROPLY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	43843	GSTR RSTCV W O BYP OTH THN VER- BANDED GSTP	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	43845	GASTRIC RSTCV W PRTL GASTRECTOMY 50-100 CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	43846	GASTRIC RSTCV W BYP W SHORT LIMB 150 CM OR LESS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/21/2024

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaion	Prior to 9/1/2019	43847	GASTRIC RSTCV W BYP W SM INT RCNSTJ LIMIT ABSRPJ	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaion	Prior to 9/1/2019	43848	REVISION OPEN GASTRIC RESTRICTIVE PX NOT DEVICE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaion	Prior to 9/1/2019	43881	IMPLTJ RPLCMT GASTRIC NSTIM ELTRDE ANTRUM OPEN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaion	Prior to 9/1/2019	43882	REVISION RMVL GASTRIC NSTIM ELTRDE ANTRUM OPEN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaion	Prior to 9/1/2019	43886	GSTR RSTCV PX OPN REVJ SUBQ PORT COMPONENT ONLY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/21/2024

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<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	43887	GSTR RSTCV PX OPN RMVL SUBQ PORT COMPONENT ONLY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	43888	GSTR RSTCV OPN RMVL AND RPLCMT SUBQ PORT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	47610	CHOLECYSTECTOMY W EXPLORATION COMMON DUCT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	47612	CHOLECYSTECTOMY EXPL DUCT CHOLEDOCHENTEROSTOMY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	49904	OMENTAL FLAP EXTRA-ABDOMINAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaition	Prior to 9/1/2019	49906	FREE OMENTAL FLAP W MICROVASCULAR ANAST	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaition	Prior to 9/1/2019	50590	LITHOTRIPSY XTRCORN SHOCK WAVE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaition	Prior to 9/1/2019	52441	CYSTO INSERTION TRANSPROSTATIC IMPLANT SINGLE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaition	Prior to 9/1/2019	52649	LASER ENUCLEATION PROSTATE W MORCELLATION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaition	1/1/2023	53410	URETHROPLASTY 1 STG RECNST MALE ANTERIOR URETHRA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	No prior auth required for service when associated with a cancer diagnosis.	2/21/2024

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaion	1/1/2023	53420	URTP 2-STG RCNSTJ/RPR PROSTAT/URETHRA 1ST STAGE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	No prior auth required for service when associated with a cancer diagnosis.	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaion	1/1/2023	53425	URTP 2-STG RCNSTJ/RPR PROSTAT/URETHRA 2ND STAGE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	No prior auth required for service when associated with a cancer diagnosis.	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaion	1/1/2023	53430	URETHROPLASTY RCNSTJ FEMALE URETHRA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	No prior auth required for service when associated with a cancer diagnosis.	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaion	1/1/2022	53451	PERIURETHRAL TPRNL ADJTBL BALO CNTNC DEV BI INSJ	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaion	1/1/2022	53452	PERIURETHRL TPRNL ADJTBL BALO CNTNC DEV UNI INSJ	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024



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<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	1/1/2022	53453	PERIURETHRAL TPRNL ADJTBL BALO CNTNC DEV RMVL EA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	1/1/2022	53454	PERIURETHRAL TPRNL ADJTBL BALO CNTNC DEV ADJMT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	53850	TRURL DSTRJ PRSTATE TISS MICROWAVE THERMOTH	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	53852	TRURL DSTRJ PRSTATE TISS RF THERMOTH	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	53854	TRURL DSTRJ PRST8 TISS RF WV THERMOTHERAPY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024

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<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaition	1/1/2023	54125	AMPUTATION PENIS COMPLETE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	No prior auth required for service when associated with a cancer diagnosis.	2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaition	Prior to 9/1/2019	54401	INSJ PENILE PROSTHESOS INFLATABLE SELF-CONTAINED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaition	Prior to 9/1/2019	54405	INSJ MULTI-COMPONENT INFLATABLE PENILE PROSTH	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaition	1/1/2023	54410	RMVL AND RPLCMT INFLATABLE PENILE PROSTH SAME SESS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	No prior auth required for service when associated with a cancer diagnosis.	2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaition	1/1/2023	54411	RMVL AND RPLCMT NFLTBL PENILE PROSTH INFECTED FIEL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	No prior auth required for service when associated with a cancer diagnosis.	2/21/2024

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<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	1/1/2023	54416	RMVL and RPLCMT NON-NFLTBL/NFLTBL PENILE PROSTHESI	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	No prior auth required for service when associated with a cancer diagnosis.	2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	1/1/2023	54417	RMVL AND RPLCMT PENILE PROSTHESIS INFECTED FIELD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	No prior auth required for service when associated with a cancer diagnosis.	2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	1/1/2023	54520	ORCHIECTOMY SIMPLE SCROTAL/INGUINAL APPROACH	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	No prior auth required for service when associated with a cancer diagnosis.	2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	1/1/2023	54690	LAPAROSCOPY SURGICAL ORCHIECTOMY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	No prior auth required for service when associated with a cancer diagnosis.	2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	1/1/2023	55175	SCROTOPLASTY SIMPLE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	No prior auth required for service when associated with a cancer diagnosis.	2/21/2024

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaition	1/1/2023	55180	SCROTOPLASTY COMPLICATED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	No prior auth required for service when associated with a cancer diagnosis.	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaition	1/1/2023	55866	LAPS PROTECT RETROPUBIC RAD W/NRV SPARING ROBOT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	No prior auth required for service when associated with a cancer diagnosis.	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaition	1/1/2023	55867	LAPS SURG PRST8ECT SMPL STOT ROBOTIC ASSISTANCE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	No prior auth required for service when associated with a cancer diagnosis.	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaition	Prior to 9/1/2019	55874	TRANSPERINEAL PLMT BIODEGRADABLE MATRL 1 MLT NJX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Hydrogel Spacer for Prostate		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaition	1/1/2021	55880	TRANSRECTAL ABLTJ MAL PRST8 TISSUE HIFU W/US	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaition	1/1/2023	55970	INTERSEX SURG MALE FEMALE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	No prior auth required for service when associated with a cancer diagnosis.	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaition	1/1/2023	55980	INTERSEX SURG FEMALE MALE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	No prior auth required for service when associated with a cancer diagnosis.	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaition	1/1/2023	56625	VULVECTOMY SIMPLE COMPLETE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	No prior auth required for service when associated with a cancer diagnosis.	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaition	1/1/2023	56800	PLASTIC REPAIR INTROITUS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	No prior auth required for service when associated with a cancer diagnosis.	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaition	1/1/2023	56805	CLITOROPLASTY INTERSEX STATE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual and/ or Third Party Proprietary Criteria	No prior auth required for service when associated with a cancer diagnosis.	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	1/1/2023	57106	VAGINECTOMY PARTIAL REMOVAL VAGINAL WALL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	No prior auth required for service when associated with a cancer diagnosis.	2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	1/1/2023	57110	VAGINECTOMY COMPLETE REMOVAL VAGINAL WALL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	No prior auth required for service when associated with a cancer diagnosis.	2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	57288	SLING OPERATION STRESS INCONTINENCE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	57289	PEREYRA PX W ANTERIOR COLPORRHAPHY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	1/1/2023	57291	CONSTRUCTION ARTIFICIAL VAGINA W/O GRAFT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	No prior auth required for service when associated with a cancer diagnosis.	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	1/1/2023	57292	CONSTRUCTION ARTIFICIAL VAGINA W/GRAFT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	No prior auth required for service when associated with a cancer diagnosis.	2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	1/1/2023	57296	REVJ W/RMVL PROSTHETIC VAGINAL GRAFT ABDML APPR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	No prior auth required for service when associated with a cancer diagnosis.	2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	1/1/2023	57335	VAGINOPLASTY INTERSEX STATE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual and/ or Third Party Proprietary Criteria	No prior auth required for service when associated with a cancer diagnosis.	2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	1/1/2023	57426	REVISION PROSTHETIC VAGINAL GRAFT LAPAROSCOPIC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	No prior auth required for service when associated with a cancer diagnosis.	2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	58150	TOTAL ABDOMINAL HYSTERECT W WO RMVL TUBE OVARY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	58152	TOT ABD HYST W WO RMVL TUBE OVARY W COLPURETHRXY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	58180	SUPRACERVICAL ABDL HYSTER W WO RMVL TUBE OVARY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	58200	TOT ABD HYST W PARAORTIC AND PELVIC LYMPH NODE SAM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	58210	RAD ABDL HYSTERECTOMY W BI PELVIC LMPHADENECTOMY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	58240	PEL EXNTJ GYNECOLOGIC MAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024



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<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	58260	VAGINAL HYSTERECTOMY UTERUS 250 GM OR LESS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	58262	VAG HYST 250 GM OR LESS W RMVLTUBE AND OVARY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	58263	VAG HYST 250 GM OR LESS W RMVLTUBE OVARY W RPR NTRCL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	58267	VAG HYST 250 GM OR LESS W COLPO-URTCSTOPEXY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	58270	VAGINAL HYSTERECTOMY 250 GM OR LESS W RPR ENTEROCELE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024

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<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	58285	VAGINAL HYSTERECTOMY RADICAL SCHAUTA OPERATION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	58290	VAGINAL HYSTERECTOMY UTERUS OVER 250 GM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	58291	VAG HYST OVER 250 GM RMVL TUBE AND OVARY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	58292	VAG HYST OVER 250 GM RMVL TUBE AND OVARY W RPR ENTRCLE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	58294	VAGINAL HYSTERECTOMY OVER 250 GM RPR ENTEROCELE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024

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<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	58321	ARTIFICIAL INSEMINATION INTRA-CERVICAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	58322	ARTIFICIAL INSEMINATION INTRA-UTERINE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	58323	SPERM WASHING ARTIFICIAL INSEMINATION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	58345	TRANSCERV FALLOPIAN TUBE CATH W WO HYSTOSALPING	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	58350	CHROMOTUBATION OVIDUCT W MATERIALS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	58356	ENDOMETRIAL CRYOABLATION W US AND ENDOMETRIAL CR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	58540	HYSTEROPLASTY RPR UTERINE ANOMALY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	58541	LAPAROSCOPY SUPRACERVICAL HYSTERECTOMY 250 GM OR LESS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	58542	LAPS SUPRACRV HYSTERECT 250 GM OR LESS RMVL TUBE OVAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	58543	LAPS SUPRACERVICAL HYSTERECTOMY OVER 250	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	58544	LAPS SUPRACRV HYSTEREC OVER 250 G RMVL TUBE OVARY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	58545	LAPS MYOMECTIONY EXC 1-4 MYOMAS 250 GM OR LESS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	58546	LAPS MYOMECTIONY EXC 5 OR GRT MYOMAS OVER 250 GRAMS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	58550	LAPS VAGINAL HYSTERECTOMY UTERUS 250 GM OR LESS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	58552	LAPS W VAG HYSTERECT 250 GM AND RMVL TUBE AND OVARIES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	58553	LAPS W VAGINAL HYSTERECTOMY OVER 250 GRAMS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	58554	LAPS VAGINAL HYSTERECT OVER 250 GM RMVL TUBE AND OVAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	58570	LAPAROSCOPY W TOTAL HYSTERECTOMY UTERUS 250 GM OR LESS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	58571	LAPS TOTAL HYSTERECT 250 GM OR LESS W RMVL TUBE OVARY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	58572	LAPAROSCOPY TOTAL HYSTERECTOMY UTERUS OVER 250 GM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024

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<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	58573	LAPAROSCOPY TOT HYSTERECTOMY OVER 250 G W TUBE OVAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	58660	LAPAROSCOPY W LYSIS OF ADHESIONS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	58661	LAPAROSCOPY W RMVL ADNEXAL STRUCTURES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	No PA Required with encounter for sterilization done as outpatient. Still requires PA in other settings.	2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	58662	LAPS FULG EXC OVARY VISCERA PERITONEAL SURFACE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	58672	LAPAROSCOPY FIMBRIOPLASTY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024

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<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	58673	LAPAROSCOPY SALPINGOSTOMY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	58720	SALPINGO-OOPHORECTOMY COMPI PRTL UNI BI SPX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	58740	LYSIS OF ADHESIONS SALPINX OVARY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	58750	TUBOTUBAL ANASTATOMOSIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	58752	TUBOUTERINE IMPLANTATION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024



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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaion	Prior to 9/1/2019	58760	FIMBRIOPLASTY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaion	Prior to 9/1/2019	58770	SALPINGOSTOMY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaion	Prior to 9/1/2019	58940	OOPHORECTOMY PARTIAL TOTAL UNI BI	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaion	Prior to 9/1/2019	58970	FOLLICLE PUNCTURE OOCYTE RETRIEVAL ANY METHOD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaion	Prior to 9/1/2019	58974	EMBRYO TRANSFER INTRAUTERINE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024

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<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	58976	GAMETE ZYGOTE EMBRYO FALLOPIAN TRANSFER ANY METH	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	61863	STRCTC IMPLTJ NSTIM ELTRD W O RECORD 1ST ARRAY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	61867	STRCTC IMPLTJ NSTIM ELTRD W RECORD 1ST ARRAY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	61885	INSJ RPLCMT CRANIAL NEUROSTIM PULSE GENERATOR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	61886	INSJ RPLCMT CRANIAL NEUROSTIM GENER 2 OR GRT ELTRDS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024

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<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	62324	NJX DX THER SBST INTRLMNR CRV THRC W O IMG GDN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	62325	NJX DX THER SBST INTRLMNR CRV THRC W IMG GDN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	62326	NJX DX THER SBST INTRLMNR LMBR SAC W O IMG GDN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	62327	NJX DX THER SBST INTRLMNR LMBR SAC W IMG GDN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	62380	NDSC DCMPRN SPINAL CORD 1 W LAMOT NTRSPC LUMBAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024

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<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaition	Prior to 9/1/2019	63001	LAM W O FACETEC FORAMOT DSKC 1 2 VRT SEG CRV	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaition	Prior to 9/1/2019	63003	LAMINECTOMY W O FFD 1 2 VERT SEG THORACIC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaition	Prior to 9/1/2019	63005	LAMINECTOMY W O FFD 1 2 VERT SEG LUMBAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaition	Prior to 9/1/2019	63011	LAMINECTOMY W O FFD 1 2 VERT SEG SACRAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaition	Prior to 9/1/2019	63012	LAMINECTOMY W RMVL ABNORMAL FACETS LUMBAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024

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<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	63015	LAMINECTOMY W O FFD OVER 2 VERT SEG CERVICAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	63016	LAMINECTOMY W O FFD OVER 2 VERT SEG THORACIC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	63017	LAMINECTOMY W O FFD OVER 2 VERT SEG LUMBAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	63020	LAMNOTMY INCL W DCMPRSN NRV ROOT 1 INTRSPC CERVC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	63030	LAMNOTMY INCL W DCMPRSN NRV ROOT 1 INTRSPC LUMBR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaion	Prior to 9/1/2019	63040	LAMOT PRTL FFD EXC DISC REEXPL 1 NTRSPC CERVICAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaion	Prior to 9/1/2019	63042	LAMOT PRTL FFD EXC DISC REEXPL 1 NTRSPC LUMBAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaion	Prior to 9/1/2019	63045	LAM FACETECTOMY AND FORAMOTOMY 1 SEGMENT CERVICAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaion	Prior to 9/1/2019	63046	LAM FACETECTOMY AND FORAMOTOMY 1 SEGMENT THORACIC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaion	Prior to 9/1/2019	63047	LAM FACETECTOMY AND FORAMOTOMY 1 SEGMENT LUMBAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024

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<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	1/1/2021	63048	LAM FACETECTOMY and FORAMTOMY 1 SGM EA CRV THRC/LMBR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	63050	LAMOP CERVICAL W DCMPRN SPI CORD 2 OR GRT VERT SEG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	63051	LAMOPLASTY CERVICAL DCMPRN CORD 2 OR GRT SEG RCNSTJ	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	1/1/2022	63052	LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	1/1/2022	63053	LAM FACETEC/FORAMOT DRG ARTHRD LMBR EA ADDL SGM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024

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<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	63055	TRANSPEDICULAR DCMPRN SPINAL CORD 1 SEG THORACIC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	63056	TRANSPEDICULAR DCMPRN SPINAL CORD 1 SEG LUMBAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	1/1/2021	63057	TRANSPEDICULAR DCMPRN 1 SEG EA THORACIC/LUMBAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	63064	COSTOVERTEBRAL DCMPRN SPINAL CORD THORACIC 1 SEG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	63075	DISCECTOMY ANT DCMPRN CORD CERVICAL 1 NTRSPC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024



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<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	1/1/2021	63076	DISCECTOMY ANT DCMPRN CORD CERVICAL EA NTRSPC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	63077	DISCECTOMY ANT DCMPRN CORD THORACIC 1 NTRSPC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	63081	VERTEBRAL CORPECTOMY ANT DCMPRN CERVICAL 1 SEG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	63087	VCRPEC THORACOLMBR DCMPRN LWR THRC LMBR 1 SEG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	63090	VCRPEC TRANSPRTL RPR DCMPRN THRC LMBR SAC 1 SEG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024

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<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	4/1/2021	63300	VCRPEC LES 1 SGM XDRL CERVICAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	4/1/2021	63304	VERTEBRAL CORPECTOMY EXC LES 1 SEG IDRL CERVICAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	4/1/2021	63308	VERTEBRAL CORPECTOMY EXC INDRL LES EACH SEG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	64553	PRQ IMPLTJ NEUROSTIMULATOR ELTRD CRANIAL NERVE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	64568	INC IMPLTJ CRNL NRV NSTIM ELTRDS AND PULSE GENER	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaion	Prior to 9/1/2019	64569	REVISION REPLMT NEUROSTIMULATOR ELTRD CRANIAL NRV	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaion	Prior to 9/1/2019	64570	REMOVAL CRNL NRV NSTIM ELTRDS AND PULSE GENERATO	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaion	1/1/2022	64582	OPEN IMPLTJ HPGLSL NRV NSTIM RA PG and RESPIR SENSOR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaion	1/1/2022	64584	REMOVAL HYPOGLOSSAL NERVE NSTIM RA PG and RESPIR SNR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaion	Prior to 9/1/2019	64590	INSERTION RPLCMT PERIPHERAL GASTRIC NPGR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaion	1/1/2022	64628	THERMAL DSTRJ INTRAOSSEOUS BVN 1ST 2 LMBR/SAC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaion	Prior to 9/1/2019	64912	NERVE REPAIR W NERVE ALLOGRAF FIRST STRAND	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaion	Prior to 9/1/2019	65771	RADIAL KERATOTOMY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaion	Prior to 9/1/2019	65775	CRNL WEDGE RESCJ CORRJ INDUCED ASTIGMATISM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaion	Prior to 9/1/2019	67900	REPAIR BROW PTOSIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaition	Prior to 9/1/2019	67901	RPR BLEPHAROPTOSIS FRONTALIS MUSC SUTR OTH MATRL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaition	Prior to 9/1/2019	67902	RPR BLEPHAROPT FRONTALIS MUSC AUTOL FASCAL SLING	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaition	Prior to 9/1/2019	67903	RPR BLEPHAROPTOSIS LEVATOR RESCJ ADVMNT INTERNAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaition	Prior to 9/1/2019	67909	REDUCTION OVERCORRECTION PTOSIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaition	Prior to 9/1/2019	67950	CANTHOPLASTY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024

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<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	69714	IMPLTJ OSSEOINTEGRATED TEMPORAL BONE W MASTOID	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	1/1/2022	69716	IMPL OI IMPLT SKULL MAG TC ATTACHMENT ESP LT 100	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	1/1/2023	69729	IMPL OI IMPLT SKULL MAG TC ATTACHMENT ESP GT or equal to 1	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	1/1/2023	69730	RPLCMT OI IMPLT SKULL MAG TC ATTACHMENT ESP GT or equal to	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	69930	COCHLEAR DEVICE IMPLANTATION W WO MASTOIDECTOMY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/21/2024

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<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	1/1/2021	93025	MICROVOLT T-WAVE ASSESS VENTRICULAR ARRHYTHMIAS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	4/1/2023	93228	XTRNL MOBILE CV TELEMETRY W/ and REPORT 30 DAYS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy (MCP) Mobile Cardiac Outpatient Telemetry: Policy No. 428	Allowed 1 unit per rolling 30 days	2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	93229	XTRNL MOBILE CV TELEMETRY W TECHNICAL SUPPORT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy (MCP) Mobile Cardiac Outpatient Telemetry: Policy No. 428	Allowed 1 unit per rolling 30 days	2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	1/1/2021	93580	PRQ TCAT CLSR CGEN INTRATRL COMUNICAJ W/IMPLT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	1/1/2021	93581	PRQ TCAT CLSR CGEN VENTR SEPTAL DFCT W/IMPLT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria		2/21/2024

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<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaition	1/1/2021	93582	PERCUTAN TRANSCATH CLOSURE PAT DUCT ARTERIOSUS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaition	Prior to 9/1/2019	96567	PDT DSTR PRMLG LES SKN ILLUM ACTIVJ PER DAY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaition	Prior to 9/1/2019	96570	PDT NDSC ABL ABNOR TISS VIA ACTIVJ RX 30 MIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaition	Prior to 9/1/2019	96571	PDT NDSC ABL ABNOR TISS VIA ACTIVJ RX A 15 MIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaition	Prior to 9/1/2019	96573	PDT DSTR PRMLG LES SKN ILLUM ACTIVJ BY PHYS QHP	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024



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<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	96574	DEBRIDEMENT PRMLG HYPERKERATOTIC LES W PDT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	96900	ACTINOTHERAPY ULTRAVIOLET LIGHT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	96902	MCRSCP XM HAIR PLUCK CLIP FOR CNTS STRUCT ABNORM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	96910	PHOTOCHEMOTX TAR AND UVB PETROLATUM UVB	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	96912	PHOTOCHEMOTX PSORALENS AND ULTRAVIOLET PUVA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/21/2024

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<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	96913	PHOTOCHEMOTHERAPY DERMATOSES 4-8 HRS SUPERVISION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	96920	LASER SKIN DISEASE PSORIASIS TOT AREA UNDER 250 SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	96921	LASER SKIN DISEASE PSORIASIS 250- 500 SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	96922	LASER SKIN DISEASE PSORIASIS OVER 500 SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaion	Prior to 9/1/2019	96932	RCM CELULR AND SUBCELULR SKN IMGNG IMG ACQUISITION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaition	Prior to 9/1/2019	96933	RCM CELULR AND SUBCELULR SKN IMGNG I AND R 1ST LES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaition	Prior to 9/1/2019	C2616	BRACHYTHERAPY NONSTRANDED YTTRIUM-90 PER SOURCE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaition	Prior to 9/1/2019	C9747	ABLATION PROSTATE TRANSRECTAL HIFU INCL I GUID	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaition	4/1/2020	C9757	LAMINOTOMY DECOMP NERVE ROOT; 1 INTERSPACE LUMB	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaition	1/1/2021	C9761	CS URS and /PYELOSCOPY LITH and VAC ASPIR K COLL SYS and URETHRA IF APPLICABLE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaion	4/1/2021	C9765	REV EVAR ANY VES;IV LITHOTRIPSY and TL STENT PLCMT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaion	4/1/2021	C9766	REV EVAR ANY VES);IV LITHOTRIPSY AND ATHERECTOMY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaion	4/1/2021	C9767	REV EVAR ANY VES;IV LITHO and TL STNT PLCMT and ATHERECT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaion	1/1/2021	C9769	CYSTOURETHROSCOPY INS TEMP PROS IMPL/STENT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaion	4/1/2021	C9772	RVSC EVAR OPN/PERC TIB/PER ART IVASC LITHOTRIPSY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria		2/21/2024

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<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaition	4/1/2021	C9773	RVSC EVAR OPEN/PC TIBIAL/PA;IVASC LITH and TL SP	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaition	4/1/2021	C9774	RVSC EVAR OPN/PERQ TIB/PER ART;IVASC LITH and ATHREC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaition	4/1/2021	C9775	RVSC EVAR OPN/P TIB/PA;IVASC LITH and TL STNT PL and ATH	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaition	Prior to 9/1/2019	S2095	TRNSCATH OCCL EMBOLIZ TUMR DESTRUC PERQ METH USI	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Radioembolization for Primary and Metastatic Tumors of the Liver		2/21/2024
<b>Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures:</b> All Inpatient Require Authorizaition	1/1/2021	S2118	METL-ON-METL TOT HIP RESRFC ACETAB AND FEM CMPNT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024

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Pain Management Procedures	Prior to 9/1/2019	27279	ARTHRODESIS SACROILIAC JOINT PERCUTANEOUS	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Minimally Invasive Sacroiliac Joint Fusion		2/21/2024
Pain Management Procedures	Prior to 9/1/2019	62263	PRQ LYSIS EPIDURAL ADHESIONS MULT SESS 2 OR GRT DAYS	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Percutaneous Epidural Adhesiolysis for Chronic Low Back Pain Racz Procedure		2/21/2024
Pain Management Procedures	Prior to 9/1/2019	62264	PRQ LYSIS EPIDURAL ADHESIONS MULT SESSIONS 1 DAY	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Percutaneous Epidural Adhesiolysis for Chronic Low Back Pain Racz Procedure		2/21/2024
Pain Management Procedures	Prior to 9/1/2019	62320	NJX DX THER SBST INTRLMNR CRV THRC W O IMG GDN	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Epidural Steroid Injections for Back and Neck Pain		2/21/2024
Pain Management Procedures	Prior to 9/1/2019	62321	NJX DX THER SBST INTRLMNR CRV THRC W IMG GDN	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Epidural Steroid Injections for Back and Neck Pain		2/21/2024

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Pain Management Procedures	Prior to 9/1/2019	62322	NIX DX THER SBST INTRLMNR LMBSAC W O IMG GDN	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Epidural Steroid Injections for Back and Neck Pain		2/21/2024
Pain Management Procedures	Prior to 9/1/2019	62323	NIX DX THER SBST INTRLMNR LMBSAC W IMG GDN	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Epidural Steroid Injections for Back and Neck Pain		2/21/2024
Pain Management Procedures	Prior to 9/1/2019	62351	IMPLTJ REVJ RPSG ITHCL EDRL CATH W LAM	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria		2/21/2024
Pain Management Procedures	Prior to 9/1/2019	62360	IMPLTJ RPLCMT ITHCL EDRL DRUG NFS SUBQ RSVR	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria		2/21/2024
Pain Management Procedures	Prior to 9/1/2019	62361	IMPLTJ RPLCMT FS NON-PRGRBL PUMP	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria		2/21/2024

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Pain Management Procedures	Prior to 9/1/2019	62362	IMPLTJ RPLCMT ITHCL EDRL DRUG NFS PRGRBL PUMP	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria		2/21/2024
Pain Management Procedures	Prior to 9/1/2019	63650	PRQ IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		2/21/2024
Pain Management Procedures	Prior to 9/1/2019	63655	LAM IMPLTJ NSTIM ELTRDS PLATE PADDLE EDRL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		2/21/2024
Pain Management Procedures	Prior to 9/1/2019	63663	REVJ INCL RPLCMT NSTIM ELTRD PRQ RA INCL FLUOR	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria		2/21/2024
Pain Management Procedures	Prior to 9/1/2019	63664	REVJ INCL RPLCMT NSTIM ELTRD PLT PDLE INCL FLUOR	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria		2/21/2024



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Pain Management Procedures	Prior to 9/1/2019	63685	INJS RPLCMT SPI NPGR DIR INDUXIVE COUPLING	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		2/21/2024
Pain Management Procedures	Prior to 9/1/2019	63688	REVJ RMVL IMPLANTED SPINAL NEUROSTIM GENERATOR	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria		2/21/2024
Pain Management Procedures	10/1/2019	64450	INJECTION ANES OTHER PERIPHERAL NERVE BRANCH	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Cluneal Nerve Block For Treatment of Low Back Pain	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.	2/21/2024
Pain Management Procedures	4/1/2020	64451	INJECTION AA and /STRD NERVES NRVTG SI JOINT W/IMG	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Sacroiliac Injections and Radiofrequency Ablation (RFA) for Sacroiliac Joint		2/21/2024
Pain Management Procedures	4/1/2020	64454	INJECTION AA and /STRD GENICULAR NRV BRANCHES W/IMG	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Genicular Radiofrequency Ablation and Genicular Nerve Blocks for Chronic Knee Pain		2/21/2024

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Pain Management Procedures	Prior to 9/1/2019	64479	NIX ANES AND STRD W IMG TFRML EDRL CRV THRC 1 LVL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Epidural Steroid Injections for Back and Neck Pain		2/21/2024
Pain Management Procedures	Prior to 9/1/2019	64480	NIX ANES AND STRD W IMG TFRML EDRL CRV THRC EA LV	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Epidural Steroid Injections for Back and Neck Pain		2/21/2024
Pain Management Procedures	Prior to 9/1/2019	64483	NIX ANES AND STRD W IMG TFRML EDRL LMBR SAC 1 LVL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Epidural Steroid Injections for Back and Neck Pain		2/21/2024
Pain Management Procedures	Prior to 9/1/2019	64484	NIX ANES AND STRD W IMG TFRML EDRL LMBR SAC EA LV	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Epidural Steroid Injections for Back and Neck Pain		2/21/2024
Pain Management Procedures	Prior to 9/1/2019	64490	NIX DX THER AGT PVRT FACET JT CRV THRC 1 LEVEL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Facet Joint / MBB Diagnostic Injections for Chronic Spinal Pain		2/21/2024

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Pain Management Procedures	Prior to 9/1/2019	64491	NIX DX THER AGT PVRT FACET JT CRV THRC 2ND LEVEL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Facet Joint / MBB Diagnostic Injections for Chronic Spinal Pain		2/21/2024
Pain Management Procedures	Prior to 9/1/2019	64492	NIX DX THER AGT PVRT FACET JT CRV THRC 3 PLUS LEVEL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Facet Joint / MBB Diagnostic Injections for Chronic Spinal Pain		2/21/2024
Pain Management Procedures	Prior to 9/1/2019	64493	NIX DX THER AGT PVRT FACET JT LMBR SAC 1 LEVEL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Facet Joint / MBB Diagnostic Injections for Chronic Spinal Pain		2/21/2024
Pain Management Procedures	Prior to 9/1/2019	64494	NIX DX THER AGT PVRT FACET JT LMBR SAC 2ND LEVEL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Facet Joint / MBB Diagnostic Injections for Chronic Spinal Pain		2/21/2024
Pain Management Procedures	Prior to 9/1/2019	64495	NIX DX THER AGT PVRT FACET JT LMBR SAC 3 PLUS LEVEL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Facet Joint / MBB Diagnostic Injections for Chronic Spinal Pain		2/21/2024

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Pain Management Procedures	4/1/2020	64624	DESTRUCTION NEUROLYTIC AGT GENICULAR NERVE W/IMG	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Genicular Radiofrequency Ablation and Genicular Nerve Blocks for Chronic Knee Pain		2/21/2024
Pain Management Procedures	4/1/2020	64625	RADIOFREQUENCY ABLTJ NRV NRVTG SI JT W/IMG GDN	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Sacroiliac Injections and Radiofrequency Ablation (RFA) for Sacroiliac Joint		2/21/2024
Pain Management Procedures	Prior to 9/1/2019	64633	DSTR NROLYTC AGNT PARVERTEB FCT SNGL CRVCL THORA	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Radiofrequency Ablation (RFA) for chronic back pain associated with the facet joint.		2/21/2024
Pain Management Procedures	Prior to 9/1/2019	64634	DSTR NROLYTC AGNT PARVERTEB FCT ADDL CRVCL THORA	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Radiofrequency Ablation (RFA) for chronic back pain associated with the facet joint.		2/21/2024
Pain Management Procedures	Prior to 9/1/2019	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR SACRAL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Radiofrequency Ablation (RFA) for chronic back pain associated with the facet joint.		2/21/2024

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Pain Management Procedures	Prior to 9/1/2019	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR SACRAL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Radiofrequency Ablation (RFA) for chronic back pain associated with the facet joint.		2/21/2024
Pain Management Procedures	Prior to 9/1/2019	64640	DSTRJ NEUROLYTIC AGENT OTHER PERIPHERAL NERVE	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria		2/21/2024
Pain Management Procedures	Prior to 9/1/2019	97812	ACUPUNCTURE 1 OR GRT NDLS W ELEC STIMJ 1ST 15 MIN	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria		2/21/2024
Physical Therapy	Prior to 9/1/2019	97110	THERAPEUTIC PX 1 OR GRT AREAS EACH 15 MIN EXERCISES	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual	<b>Participating Providers:</b> Initial evaluation does not require prior authorization. All visits after that point require prior authorization.  <b>Non-participating Providers:</b> All visits require prior authorization.	2/21/2024
Physical Therapy	7/1/2023	92507	TX SPEECH LANG VOICE COMMJ and /AUDITORY PROC IND	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual	<b>Participating Providers:</b> Initial evaluation does not require prior authorization. All visits after that point require prior authorization.  <b>Non-participating Providers:</b> All visits require prior authorization.	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Physical Therapy	7/1/2023	92508	TX SPEECH LANGUAGE VOICE COMMJ AUDITRY 2 OR GT INDIV	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual	<b>Participating Providers:</b> Initial evaluation does not require prior authorization. All visits after that point require prior authorization.  <b>Non-participating Providers:</b> All visits require prior authorization.	2/21/2024
Physical Therapy	7/1/2023	92526	TX SWALLOWING DYSFUNCTION and /ORAL FUNCJ FEEDING	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual	<b>Participating Providers:</b> Initial evaluation does not require prior authorization. All visits after that point require prior authorization.  <b>Non-participating Providers:</b> All visits require prior authorization.	2/21/2024
Physical Therapy	7/1/2023	97012	APPL MODALITY 1 OR GT AREAS TRACTION MECHANICAL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual	<b>Participating Providers:</b> Initial evaluation does not require prior authorization. All visits after that point require prior authorization.  <b>Non-participating Providers:</b> All visits require prior authorization.	2/21/2024
Physical Therapy	7/1/2023	97014	APPL MODALITY 1 OR GT AREAS ELEC STIMJ UNATTENDED	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual	<b>Participating Providers:</b> Initial evaluation does not require prior authorization. All visits after that point require prior authorization.  <b>Non-participating Providers:</b> All visits require prior authorization.	2/21/2024
Physical Therapy	7/1/2023	97016	APPL MODALITY 1 OR GT AREAS VASOPNEUMATIC DEVICES	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual	<b>Participating Providers:</b> Initial evaluation does not require prior authorization. All visits after that point require prior authorization.  <b>Non-participating Providers:</b> All visits require prior authorization.	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Physical Therapy	7/1/2023	97018	APPL MODALITY 1 OR GT AREAS PARAFFIN BATH	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual	<b>Participating Providers:</b> Initial evaluation does not require prior authorization. All visits after that point require prior authorization.  <b>Non-participating Providers:</b> All visits require prior authorization.	2/21/2024
Physical Therapy	7/1/2023	97022	APPLICATION MODALITY 1 OR GT AREAS WHIRLPOOL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual	<b>Participating Providers:</b> Initial evaluation does not require prior authorization. All visits after that point require prior authorization.  <b>Non-participating Providers:</b> All visits require prior authorization.	2/21/2024
Physical Therapy	7/1/2023	97024	APPLICATION MODALITY 1 OR GT AREAS DIATHERMY	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual	<b>Participating Providers:</b> Initial evaluation does not require prior authorization. All visits after that point require prior authorization.  <b>Non-participating Providers:</b> All visits require prior authorization.	2/21/2024
Physical Therapy	7/1/2023	97026	APPLICATION MODALITY 1 OR GT AREAS INFRARED	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual	<b>Participating Providers:</b> Initial evaluation does not require prior authorization. All visits after that point require prior authorization.  <b>Non-participating Providers:</b> All visits require prior authorization.	2/21/2024
Physical Therapy	7/1/2023	97028	APPL MODALITY 1 OR GT AREAS ULTRAVIOLET	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual	<b>Participating Providers:</b> Initial evaluation does not require prior authorization. All visits after that point require prior authorization.  <b>Non-participating Providers:</b> All visits require prior authorization.	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Physical Therapy	7/1/2023	97032	APPL MODALITY 1 OR GT AREAS ELEC STIMJ EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	<b>Participating Providers:</b> Initial evaluation does not require prior authorization. All visits after that point require prior authorization.  <b>Non-participating Providers:</b> All visits require prior authorization.	2/21/2024
Physical Therapy	7/1/2023	97033	APPL MODALITY 1 OR GT AREAS IONTOPHORESIS EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	<b>Participating Providers:</b> Initial evaluation does not require prior authorization. All visits after that point require prior authorization.  <b>Non-participating Providers:</b> All visits require prior authorization.	2/21/2024
Physical Therapy	7/1/2023	97034	APPL MODALITY 1 OR GT AREAS CONTRAST BATHS EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	<b>Participating Providers:</b> Initial evaluation does not require prior authorization. All visits after that point require prior authorization.  <b>Non-participating Providers:</b> All visits require prior authorization.	2/21/2024
Physical Therapy	7/1/2023	97035	APPL MODALITY 1 OR GT AREAS ULTRASOUND EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	<b>Participating Providers:</b> Initial evaluation does not require prior authorization. All visits after that point require prior authorization.  <b>Non-participating Providers:</b> All visits require prior authorization.	2/21/2024
Physical Therapy	Prior to 9/1/2019	97110	THERAPEUTIC PX 1 OR GT AREAS EACH 15 MIN EXERCISES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	<b>Participating Providers:</b> Initial evaluation does not require prior authorization. All visits after that point require prior authorization.  <b>Non-participating Providers:</b> All visits require prior authorization.	2/21/2024



Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Physical Therapy	Prior to 9/1/2019	97112	THER PX 1 OR GRT AREAS EACH 15 MIN NEUROMUSC REEDUCA	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual	<b>Participating Providers:</b> Initial evaluation does not require prior authorization. All visits after that point require prior authorization.  <b>Non-participating Providers:</b> All visits require prior authorization.	2/21/2024
Physical Therapy	Prior to 9/1/2019	97113	THER PX 1 OR GT AREAS EACH 15 MIN AQUA THER W/XERSS	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual	<b>Participating Providers:</b> Initial evaluation does not require prior authorization. All visits after that point require prior authorization.  <b>Non-participating Providers:</b> All visits require prior authorization.	2/21/2024
Physical Therapy	Prior to 9/1/2019	97116	THER PX 1 OR GRT AREAS EA 15 MIN GAIT TRAINJ W STAIR	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual	<b>Participating Providers:</b> Initial evaluation does not require prior authorization. All visits after that point require prior authorization.  <b>Non-participating Providers:</b> All visits require prior authorization.	2/21/2024
Physical Therapy	Prior to 9/1/2019	97124	THER PX 1 OR GRT AREAS EACH 15 MINUTES MASSAGE	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual	<b>Participating Providers:</b> Initial evaluation does not require prior authorization. All visits after that point require prior authorization.  <b>Non-participating Providers:</b> All visits require prior authorization.	2/21/2024
Physical Therapy	4/1/2020	97129	THER IVNTJ COG FUNCJ CNTCT 1ST 15 MINUTES	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	<b>Participating Providers:</b> Initial evaluation does not require prior authorization. All visits after that point require prior authorization.  <b>Non-participating Providers:</b> All visits require prior authorization.	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Physical Therapy	4/1/2020	97130	THER IVNTJ COG FUNCJ CNTCT EA ADDL 15 MINUTES	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria	<b>Participating Providers:</b> Initial evaluation does not require prior authorization. All visits after that point require prior authorization.  <b>Non-participating Providers:</b> All visits require prior authorization.	2/21/2024
Physical Therapy	Prior to 9/1/2019	97140	MANUAL THERAPY TQS 1 OR GRT REGIONS EACH 15 MINUTES	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual	<b>Participating Providers:</b> Initial evaluation does not require prior authorization. All visits after that point require prior authorization.  <b>Non-participating Providers:</b> All visits require prior authorization.	2/21/2024
Physical Therapy	Prior to 9/1/2019	97150	THERAPEUTIC PROCEDURES GROUP 2 OR GRT INDIVIDUALS	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual	<b>Participating Providers:</b> Initial evaluation does not require prior authorization. All visits after that point require prior authorization.  <b>Non-participating Providers:</b> All visits require prior authorization.	2/21/2024
Physical Therapy	Prior to 9/1/2019	97164	PHYSICAL THERAPY RE-EVAL EST PLAN CARE 20 MINS	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		2/21/2024
Physical Therapy	Prior to 9/1/2019	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual	<b>Participating Providers:</b> Initial evaluation does not require prior authorization. All visits after that point require prior authorization.  <b>Non-participating Providers:</b> All visits require prior authorization.	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Physical Therapy	Prior to 9/1/2019	97533	SENSORY INTEGRATIVE TECHNIQUES EACH 15 MINUTES	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual	<b>Participating Providers:</b> Initial evaluation does not require prior authorization. All visits after that point require prior authorization.  <b>Non-participating Providers:</b> All visits require prior authorization.	2/21/2024
Physical Therapy	Prior to 9/1/2019	97535	SELF-CARE HOME MGMT TRAINING EACH 15 MINUTES	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual	<b>Participating Providers:</b> Initial evaluation does not require prior authorization. All visits after that point require prior authorization.  <b>Non-participating Providers:</b> All visits require prior authorization.	2/21/2024
Physical Therapy	7/1/2023	97537	COMMUNITY/WORK REINTEGRATION TRAINING EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual	<b>Participating Providers:</b> Initial evaluation does not require prior authorization. All visits after that point require prior authorization.  <b>Non-participating Providers:</b> All visits require prior authorization.	2/21/2024
Physical Therapy	7/1/2023	97750	PHYSICAL PERFORMANCE TEST/MEAS W/REPRT EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual	<b>Participating Providers:</b> Initial evaluation does not require prior authorization. All visits after that point require prior authorization.  <b>Non-participating Providers:</b> All visits require prior authorization.	2/21/2024
Physical Therapy	7/1/2023	97760	ORTHOTICS MGMT AND TRAINING INITIAL ENCTR EA 15 MINS	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual	<b>Participating Providers:</b> Initial evaluation does not require prior authorization. All visits after that point require prior authorization.  <b>Non-participating Providers:</b> All visits require prior authorization.	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Physical Therapy	7/1/2023	97761	PROSTHETICS TRAINING INITIAL ENCTR EA 15 MINS	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual	<b>Participating Providers:</b> Initial evaluation does not require prior authorization. All visits after that point require prior authorization.  <b>Non-participating Providers:</b> All visits require prior authorization.	2/21/2024
Physical Therapy	7/1/2023	97763	ORTHOTICS/PROSTH MGMT and /TRAING SBSQ ENCTR 15 MIN	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual	<b>Participating Providers:</b> Initial evaluation does not require prior authorization. All visits after that point require prior authorization.  <b>Non-participating Providers:</b> All visits require prior authorization.	2/21/2024
Prosthetics and Orthotics	7/1/2024	L0462	TLSO TRIPLANAR 3 SHELL ANT TO STERNL NOTCH PRFAB	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual; under exceptional circumstances provision Molina Clinical Policy: Back Braces		
Prosthetics and Orthotics	Prior to 9/1/2019	L0480	TLSO TRIPLANAR 1 PIECE W O INTERFCE LINER CSTM	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual; under exceptional circumstances provision Molina Clinical Policy: Back Braces		2/21/2024
Prosthetics and Orthotics	Prior to 9/1/2019	L0482	TLSO TRIPLANAR 1 PIECE W INTERFCE LINER CSTM	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual; under exceptional circumstances provision Molina Clinical Policy: Back Braces		2/21/2024

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Prosthetics and Orthotics	Prior to 9/1/2019	L0484	TLISO TRIPLANAR 2 PIECE W O INTERFCE LINER CSTM	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual; under exceptional circumstances provision Molina Clinical Policy: Back Braces		2/21/2024
Prosthetics and Orthotics	Prior to 9/1/2019	L0486	TLISO TRIPLANAR 2 PIECE W INTERFCE LINER CSTM	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual; under exceptional circumstances provision Molina Clinical Policy: Back Braces		2/21/2024
Prosthetics and Orthotics	7/1/2024	L0636	LSO SAGITTAL-CORONL CNTRL FLEX RIGID POST CUSTOM	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	Prior to 9/1/2019	L0637	LUMB-SACRAL ORTHOS SAG-COR CNTRL RIGD A AND P PREFAB	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		2/21/2024
Prosthetics and Orthotics	Prior to 9/1/2019	L0640	LSO SAGITTAL-CORONAL RIGID SHELL PANEL CUSTM FAB	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		2/21/2024

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Prosthetics and Orthotics	Prior to 9/1/2019	L0650	LSO SAGITTAL-CORONAL CONTRL RIGD ANT POST PANELS	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		2/21/2024
Prosthetics and Orthotics	Prior to 9/1/2019	L0700	CTLSO ANT-POSTERIOR-LAT CONTROL MOLDED PT MODEL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		2/21/2024
Prosthetics and Orthotics	Prior to 9/1/2019	L0710	CTLSO ANT-POST-LAT CNTRL MOLD PT-INTRFCE MATL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		2/21/2024
Prosthetics and Orthotics	Prior to 9/1/2019	L1000	CTLSO INCLUSIVE FURNISHING INIT ORTHOS INCL MDL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		2/21/2024
Prosthetics and Orthotics	Prior to 9/1/2019	L1005	TENSION BASED SCOLIOSIS ORTHOTIC AND ACCESSORY PADS	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		2/21/2024

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Prosthetics and Orthotics	7/1/2024	L1200	TLSO INCLUSIVE FURNISHING INITIAL ORTHOSIS ONLY	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	Prior to 9/1/2019	L1680	HIP ORTHOT DYN PELV CONTROL THIGH CUFF CSTM FAB	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		2/21/2024
Prosthetics and Orthotics	Prior to 9/1/2019	L1685	HIP ORTHOS ABDCT CNTRL POSTOP HIP ABDCT CSTM	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		2/21/2024
Prosthetics and Orthotics	Prior to 9/1/2019	L1730	LEGG PERTHES ORTHOTIC SCOTTISH RITE CUSTOM FAB	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		2/21/2024
Prosthetics and Orthotics	Prior to 9/1/2019	L1834	KO WITHOUT KNEE JOINT RIGID CUSTOM FABRICATED	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		2/21/2024

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Prosthetics and Orthotics	Prior to 9/1/2019	L1840	KO DEROTATION MEDIAL-LATERAL ACL CUSTOM FAB	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		2/21/2024
Prosthetics and Orthotics	Prior to 9/1/2019	L1844	KNEE ORTHOSIS SINGLE UPRIGHT THIGH AND CALF CUSTOM	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		2/21/2024
Prosthetics and Orthotics	Prior to 9/1/2019	L1846	KNEE ORTHOSIS DOUBLE UPRIGHT THIGH AND CALF CUSTOM	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		2/21/2024
Prosthetics and Orthotics	Prior to 9/1/2019	L1860	KNEE ORTHOS MOD SUPRACONDYLAR PROX SOCKT CSTM FAB	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		2/21/2024
Prosthetics and Orthotics	Prior to 9/1/2019	L1900	AFO SPRNG WIRE DORSIFLEX ASST CALF BAND CSTM FAB	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		2/21/2024



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Prosthetics and Orthotics	Prior to 9/1/2019	L1945	AFO MOLD PT MDL PLSTC RIGD ANT TIBL SECT CSTM	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		2/21/2024
Prosthetics and Orthotics	Prior to 9/1/2019	L1950	ANKLE FOOT ORTHOTIC SPIRAL PLASTIC CUSTOM-FAB	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		2/21/2024
Prosthetics and Orthotics	Prior to 9/1/2019	L1970	AFO PLASTIC WITH ANKLE JOINT CUSTOM FABRICATED	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		2/21/2024
Prosthetics and Orthotics	Prior to 9/1/2019	L2000	KAFO 1 UPRT FREE KNEE FREE ANK SOLID STIRUP CSTM	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		2/21/2024
Prosthetics and Orthotics	Prior to 9/1/2019	L2005	KAFO ANY MATL AUTO LOCK AND SWNG RLSE W ANK JNT CSTM	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		2/21/2024

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Prosthetics and Orthotics	Prior to 9/1/2019	L2010	KAFO 1 UPRT SOLID STIRUP W O KNEE INT CSTM FAB	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		2/21/2024
Prosthetics and Orthotics	Prior to 9/1/2019	L2020	KAFO DBL UPRT SOLID STIRUP THI AND CALF CSTM FAB	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		2/21/2024
Prosthetics and Orthotics	Prior to 9/1/2019	L2030	KAFO DBL UPRT SOLID STIRUP W O KNEE INT CSTM	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		2/21/2024
Prosthetics and Orthotics	Prior to 9/1/2019	L2034	KAFO PLASTIC MED LAT ROTAT CNTRL CSTM FAB	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		2/21/2024
Prosthetics and Orthotics	Prior to 9/1/2019	L2036	KAFO FULL PLASTIC DOUBLE UPRIGHT CSTM FAB	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		2/21/2024

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Prosthetics and Orthotics	Prior to 9/1/2019	L2037	KAFO FULL PLASTIC SINGLE UPRIGHT CUSTOM FAB	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		2/21/2024
Prosthetics and Orthotics	Prior to 9/1/2019	L2038	KAFO FULL PLASTIC MX-AXIS ANKLE CUSTOM FAB	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		2/21/2024
Prosthetics and Orthotics	Prior to 9/1/2019	L2090	HKAFO UNI TORSION CABLE BALL BEAR CSTM	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		2/21/2024
Prosthetics and Orthotics	Prior to 9/1/2019	L2106	AFO FX ORTHOTIC TIB FX CAST THERMOPLSTC CSTM FAB	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		2/21/2024
Prosthetics and Orthotics	Prior to 9/1/2019	L2108	AFO FX ORTHOTIC TIB FX CAST ORTHOSIS CSTM FAB	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		2/21/2024

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Prosthetics and Orthotics	Prior to 9/1/2019	L2126	KAFO FEM FX CAST ORTHOTIC THERMOPLSTC CSTM FAB	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		2/21/2024
Prosthetics and Orthotics	Prior to 9/1/2019	L2128	KAFO FX ORTHOTIC FEM FX CAST ORTHOSIS CSTM FAB	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		2/21/2024
Prosthetics and Orthotics	7/1/2024	L2350	ADD LOW EXTREM PROSTHETIC TYPE SOCKT MOLD PT MDL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L2525	ADD LW EXTRM ISCH M-L BRIM MOLD PT MDL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L2627	ADD LW EXT PELV PLSTC MOLD PT MDL HIP JNT AND CABLES	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Prosthetics and Orthotics	7/1/2024	L2628	ADD LW EXT PELV METL FRME RECIP HIP JNT AND CABLES	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L3900	WHFO DYN FLEXOR HINGE WRST/FNGR DRIVEN CSTM FAB	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L3901	WHFO DYN FLEXOR HINGE CABLE DRIVEN CSTM FAB	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L3904	WHFO EXTERNAL POWERED ELECTRIC CUSTOM FABRICATED	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	Prior to 9/1/2019	L4631	AFO WALK BOOT TYP ROCKR BOTTM ANT TIB SHELL CSTM	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Prosthetics and Orthotics	7/1/2024	L5050	ANKLE SYMES MOLDED SOCKET SACH FOOT	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L5060	ANK SYMES METL FRME MOLD LEATHR SOCKT ARTIC ANK	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L5100	BELOW KNEE MOLDED SOCKET SHIN SACH FOOT	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L5105	BELOW KNEE PLSTC SOCKT JNT AND THIGH LACER SACH FOOT	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L5150	KNEE DISRTC MOLD SOCKT EXT KNEE JNT SHIN SACH FT	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Prosthetics and Orthotics	7/1/2024	L5160	KNEE DISARTIC MOLD SOCKT BENT KNEE EXT KNEE JNT	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L5200	ABOVE KNEE MOLD SOCKT 1 AXIS CONSTANT FRICTION	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L5210	ABOVE KNEE SHRT PROSTH NO KNEE JNT NO ANK JNT EA	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L5220	ABOVE KNEE SHORT PROSTH W/ARTIC ANK/FOOT DYN	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L5230	ABOVE KNEE PROXIMAL FEM FOCAL DEFIC SACH FOOT	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Prosthetics and Orthotics	7/1/2024	L5250	HIP DISARTIC CANADIAN TYPE; MOLD SOCKT HIP JNT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L5270	HIP DISRTC TILT TABLE; MOLD SCKT LOCK HIP JNT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L5280	HEMIPELVECT CANADIAN TYPE; MOLD SOCKT HIP JNT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L5301	BELOW KNEE MOLD SOCKET SHIN SACH FT ENDOSKEL SYS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L5312	KNEE DISARTIC MOLD SOCKET 1 AXIS KNEE SACH FOOT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		



Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Prosthetics and Orthotics	7/1/2024	L5321	ABOVE KNEE OPEN END SACH FT ENDO SYS 1 AXIS KNEE	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L5331	JOINT SINGLE AXIS KNEE SACH FOOT	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L5341	SINGLE AXIS KNEE SACH FOOT	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L5500	INIT BELOW KNEE PTB SOCKET NON-ALIGN DIR FORMED	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L5505	INIT ABOVE KNEE-DISARTC ISCH LEVL SOCKT NON-ALIGN	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Prosthetics and Orthotics	7/1/2024	L5510	PREP BELOW KNEE PTB SOCKET NON-ALIGN MOLD MODEL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L5520	PREP BK PTB SCKT NON-ALIGN THERMOPLSTC/ Equal to DIR FORM	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L5530	PREP BK PTB SCKT NON-ALIGN THERMOPLSTC/ Equal to MOLD MDL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L5535	PREP BELOW KNEE PTB NON-ALIGN PRFAB ADJ OPEN END	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L5540	PREP BK PTB SCKT NON-ALIGN LAMNATD SCKT MOLD MDL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Prosthetics and Orthotics	7/1/2024	L5560	PREP AK-DISRTC ISCH LEVL PLASTER SOCKET MOLD MDL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L5570	PREP AK-DISRTC ISCH LEVL THERMOPLSTC / Equal to DIR FORMED	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L5580	PREP AK-DISARTIC NON-ALIGN THERMOPLSTC/ Equal to MOLD MDL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L5585	PREP AK-DISARTIC NON-ALIGN PRFAB ADJ OPN END SCKT	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L5590	PREP AK-DISARTIC NON-ALIGN LAMINATED SOCKET MOLD	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Prosthetics and Orthotics	7/1/2024	L5595	PREP HIP DISARTIC-HEMIPELVECT THERMOPLSTC/ Equal to MOLD	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L5600	PREP HIP DISARTIC-HEMIPELVECT LAMINATD SCKT MOLD	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L5610	ADD LW EXTRM ENDO SYS ABVE KNEE HYDRACADENCE SYS	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L5611	ADD LW EXTRM ENDO AK-DISRTC 4-BAR LINK W/FRICT	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L5613	ADD LOW EXTRM ENDO AK-DISARTIC 4-BAR W/HYDRAULIC	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Prosthetics and Orthotics	7/1/2024	L5614	ADD LOW EXT EXOSKEL SYS AK-DISARTC 4-BAR PNEUMAT	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L5616	ADD LOW EXTRM ENDO AK UNIVERSAL MXPLX SYS FRICT	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L5639	ADDITION LOWER EXTREMITY BELOW KNEE WOOD SOCKET	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L5643	ADD LW EXT HIP DISARTIC FLX INNR SOCKET EXT FRAME	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L5649	ADD LW EXT ISCHIAL CONTAINMENT/NARROW M-L SOCKET	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Prosthetics and Orthotics	7/1/2024	L5651	ADD LW EXT ABOVE KNEE FLXIBLE INNR SOCKET EXT FRME	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L5681	ADD LW EXT BK/AK CST INS CNG/ATYP TRAUM AMP INIT	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L5683	ADD LW EXTR BK/AK CST FAB NO CNGN/TRAUM AMP INIT	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L5700	REPLACEMENT SOCKET BELOW KNEE BK MOLDED PT MODEL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L5701	REPL SOCKET ABOVE KNEE/KNEE DISARTIC W/ATTC PLAT	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Prosthetics and Orthotics	7/1/2024	L5702	REPLCMT SOCKT HIP DISARTIC W/HIP JNT MOLD PT MDL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L5703	ANKLE SYMES MOLD PT MODEL SACH FOOT REPL ONLY	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L5705	CUSTOM SHAPED PROTECTIVE COVER ABOVE KNEE AK	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L5706	CUSTOM SHAPED PROTECTIVE COVER KNEE DISARTIC	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L5707	CUSTOM SHAPED PROTECTIVE COVER HIP DISARTIC	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Prosthetics and Orthotics	7/1/2024	L5718	ADD EXOSKL KNEE-SHIN POLYCINTR FRICT SWING CNTR	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L5722	ADD EXOSKEL KNEE-SHIN PNEUMAT SWING FRICT CNTRL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L5724	ADD EXOSKEL KNEE-SHIN FLUID SWING PHASE CNTRL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L5726	ADD EXOSKEL KNEE-SHIN EXT JOINT FL SWING CNTRL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L5728	ADD EXOSKEL KNEE-SHIN FLUID SWING AND STANCE CNTRL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		



Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Prosthetics and Orthotics	7/1/2024	L5780	ADD EXOSKL KNEE-SHIN PNEUMAT/HYDRA PNEUMAT CNTRL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L5781	ADD LW LIMB PROS RESIDUL LIMB VOL MGMT SYS	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L5782	ADD LW LIMB PROS RESIDUL LIMB MGMT SYS HEVY DUTY	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L5783	ADD LWR EXT USER ADJ MECH RES LIMB VOL MGMT SYS	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L5795	ADD EXOSKEL SYSTEM HIP DISARTIC ULTRA-LGHT MATL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Prosthetics and Orthotics	7/1/2024	L5814	ADD ENDOSKEL KNEE-SHIN HYDRAULIC SWING MECH LOCK	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L5816	ADD ENDOSKEL KNEE-SHIN MECH STANCE PHASE LOCK	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L5822	ADD ENDOSKEL KNEE-SHIN PNEUMAT SWING FRICT CNTRL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L5824	ADD ENDOSKEL KNEE-SHIN FLUID SWING PHASE CNTRL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L5826	ADD ENDO KNEE-SHIN HYDRAUL SWNG MIN HI ACTV FRME	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Prosthetics and Orthotics	7/1/2024	L5828	ADD ENDO KNEE-SHIN FL SWING AND STANCE PHASE CNTRL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L5830	ADD ENDOSKEL KNEE-SHIN PNEUMAT/SWING PHASE CNTRL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L5840	ADD ENDO KNEE-SHIN 4-BAR LINK/MX-AXIAL PNEUMAT	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L5841	ADD ENDOSKEL KNEE-SHIN SYS PNEU SW and ST PH CTRL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L5845	ADD ENDOSKEL KNEE-SHIN STANCE FLX FEATUR ADJ	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Prosthetics and Orthotics	7/1/2024	L5848	ADD ENDOSKEL KNEE-SHIN SYS FLUID STANCE EXTENSN	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	Prior to 9/1/2019	L5856	ADD LOW EXT PROS KNEE-SHIN SYS SWING AND STANCE PHSE	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		2/21/2024
Prosthetics and Orthotics	10/1/2020	L5857	ADD LOW EXT PROS KNEE-SHIN SYS SWING PHASE ONLY	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		2/21/2024
Prosthetics and Orthotics	10/1/2020	L5858	ADD LW EXT PROS KNEE SHIN SYS STANCE PHASE ONLY	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		2/21/2024
Prosthetics and Orthotics	10/1/2020	L5859	ADD LOW EXT PROS KN-SHIN PROG FLX EXT ANY MOTOR	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Prosthetics and Orthotics	7/1/2024	L5930	ADD ENDOSKEL SYSTEM HIGH ACTV KNEE CONTROL FRAME	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L5961	ADD ENDO SYS POLYCNTRC HIP JOINT ROTATION CNTRL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L5964	ADD ENDOSKEL AK FLEXIBLE PROTRV OTR SURF COVER	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L5966	ADD ENDO HIP DISRTC FLXIBL PROTRV OTR SURF COVR	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L5968	ADD LW LIMB PROSTH MX-AXIAL ANK W/SWING PHASE	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Prosthetics and Orthotics	7/1/2024	L5969	ADDITION ENDOSKELETAL ANKLE-FOOT/ANK PWR ASSIST	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L5973	ENDOSKEL ANK FOOT SYS MICRPROCSS CONTROL PWR SRC	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L5979	ALL LW EXTRM PRSTH MX-AXL ANK DYN RSPN FT 1 PECE	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L5980	ALL LOWER EXTREMITY PROSTHESES FLEX-FOOT SYSTEM	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L5981	ALL LOWER EXTREM PROSTH FLEX-WALK SYSTEM/EQUAL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Prosthetics and Orthotics	7/1/2024	L5987	ALL LW XTRM PRSTH SHNK FT SYS W/VRTCL LOAD PYLN	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L5988	ADD LW LIMB PROSTH VERTCL SHOCK RDOC PYLN FEATUR	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L5990	ADD LOW EXTREM PROSTH USER ADJUSTBLE HEEL HT	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L6000	PARTIAL HAND THUMB REMAINING	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L6010	PARTIAL HAND LITTLE AND OR RING FINGER REMAINING	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Prosthetics and Orthotics	7/1/2024	L6020	PARTIAL HAND NO FINGER REMAINING	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	Prior to 9/1/2019	L6026	TRANSCARPAL MC PART HAND DISARTICULATION PROS	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		2/21/2024
Prosthetics and Orthotics	7/1/2024	L6050	WRST DISARTIC MOLD SOCKET FLEX ELB HNG TRICP PAD	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L6055	WRST DISARTIC MOLD SOCKET W/XPNDABLE INTERFCE	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L6100	BELW ELB MOLD SOCKET FLEXIBLE ELB HINGE TRICP PAD	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		



Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Prosthetics and Orthotics	7/1/2024	L6110	BELOW ELBOW MOLDED SOCKET	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L6120	BELW ELB MOLD DBL WALL SCKT STEP-UP HNG 1/2 CUFF	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L6130	BELW ELB STUMP ACTVATD LOCK HINGE HALF CUFF	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L6200	ELB DISARTC MOLD SOCKT OUTSIDE LOCK HINGE FORARM	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L6205	ELB DISARTC MOLD SCKT W/XPND INTRFCE LOCK FORARM	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Prosthetics and Orthotics	7/1/2024	L6250	ABVE ELB MOLD DBL WALL SCKT INTRL LCK ELB FORARM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L6300	SHLDR DISARTIC MOLD SOCKET INTRL LOCK ELB FORARM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L6310	SHOULDER DISARTIC PASSIVE REST COMPLETE PROSTH	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L6320	SHOULDER DISART PASSIVE REST SHOULDER CAP ONLY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L6360	INTERSCAPULAR THOR PASSIVE REST Cmpl PROSTH	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		

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Prosthetics and Orthotics	7/1/2024	L6370	INTERSCAPULAR THOR PASSIVE REST SHLDR CAP ONLY	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L6400	BE MOLD SCKT ENDOSKEL SYS W/SFT PROSTH TISS SHAP	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L6450	ELB DISRTC MOLD SCKT ENDOSKEL W/SFT PROSTH TISS	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L6500	ABVE ELB MOLD SCKT ENDOSKEL W/SFT PROSTH TISS	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L6550	SHLDR DISRTC MOLD SCKT ENDOSKEL W/SFT PROS TISS	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		

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Prosthetics and Orthotics	7/1/2024	L6570	INTRSCAP THOR MOLD SCKT ENDOSKEL W/SFT PROS TISS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L6580	PREP WRST DISRTC/BELW ELB 1 WALL PLSTC SCKT MOLD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L6582	PREP WRST DISRTC/BELW ELB 1 WALL SCKT DIR FORMED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L6584	PREP ELB DISRTC/ABVE ELB 1 WALL PLSTC SOCKT MOLD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L6586	PREP ELB DISRTC/ABVE ELB 1 WALL SOCKT DIR FORMED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		

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Prosthetics and Orthotics	7/1/2024	L6588	PREP SHLDR DIRRTC THOR 1 WALL PLSTC SCKT MOLD	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L6590	PREP SHLDR DIRRTC THOR 1 WALL SOCKET DIR FORM	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L6621	UP EXTREM PROS ADD FLEXION/EXTENSION WRIST	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L6624	UPPER EXTREMITY ADD FLX/EXT ROTATION WRIST UNIT	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L6638	UP EXT ADD PROS ELEC LOCK ONLY W/MNL PWR ELB	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Prosthetics and Orthotics	7/1/2024	L6646	UP EXT ADD SHLDR INT MX PSTN W/BDY/EXT PWR SYS	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L6648	UP EXTREM ADD SHLDR LOCK MECH EXT PWR ACTUATOR	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L6693	UPPER EXTREM ADD LOCK ELB FORARM COUNTERBALANCE	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L6696	ADD UP EXT PROS ELB CSTM CNGN/TRAUMAT AMP INIT	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L6697	ADD UP EXT PROS ELB CSTM CNGN/TRAUM AMP INIT	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		

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Prosthetics and Orthotics	7/1/2024	L6707	TERMINAL DEVICE HOOK MECH VOLUNTARY CLOSING	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L6708	TERMINAL DEVICE HAND MECH VOLUNTARY OPENING	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L6709	TERMINAL DEVICE HAND MECH VOLUNTARY CLOSING	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L6712	TERM DVC HOOK MECH VOL CLOS ANY MATL ANY SZ PED	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L6713	TERM DVC HAND MECH VOL OPN ANY MATL ANY SIZE PED	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		

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Prosthetics and Orthotics	7/1/2024	L6715	TERM DEV MX ARTIC.DIGIT W/MOTORS INIT ISSUE/REPL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L6721	TERM DEVC HOOK/HND HVY-DUTY MECH VOL OPN ANY SZ	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L6722	TERM DEVC HOOK/HAND HVY-DUTY MECH VOL CLOS	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L6880	ELEC HAND SWITCH/MYOELEC CNTRL INDEP ARTC DIG MTR	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L6881	AUTOMATIC GRASP ADD UPPER LIMB ELEC PROSTH DEVC	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		



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Prosthetics and Orthotics	7/1/2024	L6882	MICRPRROCSS CNTRL FEATUR ADD UP LIMB PROSTH DEVC	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L6900	HAND REST PART HAND W/GLOVE THUMB/1 FNGR REMAIN	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L6905	HAND REST PART HAND W/GLOVE MX FNGR REMAIN	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L6910	HAND REST PART HAND W/GLOVE NO FNGR REMAIN	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L6920	WRST DISARTIC OTTO BOCK/ Equal to SWITCH CNTRL TERM DEVICE	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Prosthetics and Orthotics	7/1/2024	L6925	WRST DISARTIC OTTO BOCK/ Equal to MYOELEC CNTRL TERM DEVC	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L6930	BELOW ELBOW OTTO BOCK/ Equal to SWITCH CNTRL TERM DEVICE	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L6935	BELOW ELBOW OTTO BOCK/ Equal to MYOELEC CNTRL TERM DEVICE	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L6940	ELBOW DISARTIC OTTO BOCK/ Equal to SWITCH CNTRL TERM DEVC	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L6945	ELB DISARTIC OTTO BOCK/ Equal to MYOELEC CNTRL TERM DEVC	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Prosthetics and Orthotics	7/1/2024	L6950	ABOVE ELBOW OTTO BOCK/ Equal to SWITCH CNTRL TERM DEVC	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L6955	ABOVE ELBOW OTTO BOCK/ Equal to MYOELEC CNTRL TERM DEVC	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L6960	SHLDR DISARTIC OTTO BOCK/ Equal to SWITCH CNTRL TERM DEVC	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L6965	SHOULDR DISARTIC OTTO BOCK/ Equal to MYOELEC CNTRL TERM	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L6970	INTERSCAP-THOR OTTO BOCK/ Equal to SWITCH CNTRL TERM DEVC	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Prosthetics and Orthotics	7/1/2024	L6975	INTERSCAP-THOR OTTO BOCK/ Equal to MYOELEC CNTRL TERM DVC	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L7007	ELECTRIC HAND SWITCH/MYOELECTRIC CONTROL ADULT	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L7008	ELECTRIC HAND SWITCH/MYOELECTRIC CNTRL PEDIATRIC	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L7009	ELECTRIC HOOK SWITCH/MYOELECTRIC CONTROL ADULT	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L7040	PREHENSILE ACTUATOR SWITCH CONTROLLED	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Prosthetics and Orthotics	7/1/2024	L7045	ELEC HOOK SWITCH/MYOELECTRIC CONTOL PEDIATRIC	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L7170	ELECTRONIC ELBOW HOSMER/EQUAL SWITCH CONTROLLED	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L7180	ELEC ELB MICROPRC SEQUENTIAL CNTRL ELB AND TERM DEVC	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L7181	ELEC ELB MICROPRC SIMULTAN CNTRL ELB AND TERM DEVC	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L7185	ELEC ELB ADOLES VRITY VILLAGE/EQUAL SWITCH CNTRL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Prosthetics and Orthotics	7/1/2024	L7186	ELEC ELB CHILD VRITY VILLAGE/EQUAL SWITCH CNTRL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L7190	ELEC ELB ADOLES VRITY VILLAGE/ Equal to MYOELEC CNTRL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	7/1/2024	L7191	ELEC ELB CHLD VRITY VILL/ Equal to MYOELECTRNICALY CNTRL	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		
Prosthetics and Orthotics	Prior to 9/1/2019	L7259	ELECTRONIC WRIST ROTATOR ANY TYPE	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		2/21/2024
Prosthetics and Orthotics	Prior to 9/1/2019	L8614	COCHLEAR DEVICE INCLUDES ALL INT AND EXT COMPONENTS	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Prosthetics and Orthotics	Prior to 9/1/2019	L8692	AUDITORY OSSEOINTEGRATED DEV EXT SOUND BODY WORN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/21/2024
Prosthetics and Orthotics	Prior to 9/1/2019	S1040	CRANIAL REMOLDING ORTHOTIC PED RIGID CUSTOM FAB	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/21/2024
Radiation Therapy and Radio Surgery	Prior to 9/1/2019	81479	UNLISTED MOLECULAR PATHOLOGY PROCEDURE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Radiation Therapy and Radio Surgery	Prior to 9/1/2019	81503	ONCO (OVARIAN) BIOCHEMICAL ASSAY FIVE PROTEINS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Radiation Therapy and Radio Surgery	Prior to 9/1/2019	81599	UNLISTED MULTIANALYTE ASSAY ALGORITHMIC ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Speech Therapy	Prior to 9/1/2019	92507	TX SPEECH LANG VOICE COMMJ AND AUDITORY PROC IND	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual	<b>Participating Providers:</b> Initial evaluation does not require prior authorization. All visits after that point require prior authorization.  <b>Non-participating Providers:</b> All visits require prior authorization.	2/21/2024
Speech Therapy	Prior to 9/1/2019	92508	TX SPEECH LANGUAGE VOICE COMMJ AUDITRY 2 OR GRT INDIV	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual	<b>Participating Providers:</b> Initial evaluation does not require prior authorization. All visits after that point require prior authorization.  <b>Non-participating Providers:</b> All visits require prior authorization.	2/21/2024
Speech Therapy	4/1/2020	92526	TX SWALLOWING DYSFUNCTION AND ORAL FUNCJ FEEDING	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual	<b>Participating Providers:</b> Initial evaluation does not require prior authorization. All visits after that point require prior authorization.  <b>Non-participating Providers:</b> All visits require prior authorization.	2/21/2024
Speech Therapy	7/1/2023	92630	AUDITORY REHABILITATION PRELINGUAL HEARING LOSS	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual	<b>Participating Providers:</b> Initial evaluation does not require prior authorization. All visits after that point require prior authorization.  <b>Non-participating Providers:</b> All visits require prior authorization.	2/21/2024
Speech Therapy	7/1/2023	92633	AUDITORY REHABILITATION POSTLINGUAL HEARING LOSS	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual	<b>Participating Providers:</b> Initial evaluation does not require prior authorization. All visits after that point require prior authorization.  <b>Non-participating Providers:</b> All visits require prior authorization.	2/21/2024



Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
<b>Speech Therapy</b>	Prior to 9/1/2019	S9152	SPEECH THERAPY RE-EVALUATION	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual	<b>Participating Providers:</b> Initial evaluation does not require prior authorization. All visits after that point require prior authorization.  <b>Non-participating Providers:</b> All visits require prior authorization.	2/21/2024
<b>Transplants/Gene Therapy:</b> (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	0537T	CAR-T THERAPY HRVG BLD DRV T LMPHCYT PR DAY	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Kymriah (tisagenlecleucel) Chimeric Antigen Receptor T cell Therapy; Kymriah (Tisagenlecleucel) (CAR-T Cell Therapy); Yescarta Chimeric Antigen Receptor T cell Therapy; Yescarta (axicabtagene ciloleucel) (Car-T-cell)		2/21/2024
<b>Transplants/Gene Therapy:</b> (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	0538T	CAR-T THERAPY PREPJ BLD DRV T LMPHCYT F TRNS	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Kymriah (tisagenlecleucel) Chimeric Antigen Receptor T cell Therapy; Kymriah (Tisagenlecleucel) (CAR-T Cell Therapy); Yescarta Chimeric Antigen Receptor T cell Therapy; Yescarta (axicabtagene ciloleucel) (Car-T-cell)		2/21/2024
<b>Transplants/Gene Therapy:</b> (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	0539T	CAR-T THERAPY RECEIPT AND PREP CAR-T CELLS F ADMN	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Kymriah (tisagenlecleucel) Chimeric Antigen Receptor T cell Therapy; Kymriah (Tisagenlecleucel) (CAR-T Cell Therapy); Yescarta Chimeric Antigen Receptor T cell Therapy; Yescarta (axicabtagene ciloleucel) (Car-T-cell)		2/21/2024
<b>Transplants/Gene Therapy:</b> (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	0540T	CAR-T THERAPY AUTOLOGOUS CELL ADMINISTRATION	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: Kymriah (tisagenlecleucel) Chimeric Antigen Receptor T cell Therapy; Kymriah (Tisagenlecleucel) (CAR-T Cell Therapy); Yescarta Chimeric Antigen Receptor T cell Therapy; Yescarta (axicabtagene ciloleucel) (Car-T-cell)		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
<b>Transplants/Gene Therapy:</b> (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	4/1/2020	0584T	PERCUTANEOUS ISLET CELL TRANSPLANT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Pancreas Transplant Procedures		2/21/2024
<b>Transplants/Gene Therapy:</b> (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	4/1/2020	0585T	LAPAROSCOPIC ISLET CELL TRANSPLANT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Pancreas Transplant Procedures		2/21/2024
<b>Transplants/Gene Therapy:</b> (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	4/1/2020	0586T	OPEN ISLET CELL TRANSPLANT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Pancreas Transplant Procedures		2/21/2024
<b>Transplants/Gene Therapy:</b> (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	10/1/2019	32552	SURGICAL PROCEDURES OF THE LUNG AND PLEURA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Transplants/Gene Therapy:</b> (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	10/1/2019	32850	SURGICAL PROCEDURES OF THE LUNG AND PLEURA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
<b>Transplants/Gene Therapy:</b> (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	10/1/2019	32851	SURGICAL PROCEDURES OF THE LUNG AND PLEURA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Transplants/Gene Therapy:</b> (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	10/1/2019	32852	SURGICAL PROCEDURES OF THE LUNG AND PLEURA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Transplants/Gene Therapy:</b> (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	10/1/2020	32853	LUNG TRANSPLANT 2 W O CARDIOPULMONARY BYPASS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Lung Transplantation		2/21/2024
<b>Transplants/Gene Therapy:</b> (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	10/1/2019	32854	SURGICAL PROCEDURES OF THE LUNG AND PLEURA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Transplants/Gene Therapy:</b> (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	10/1/2019	32855	SURGICAL PROCEDURES OF THE LUNG AND PLEURA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
<b>Transplants/Gene Therapy:</b> (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	10/1/2019	32856	SURGICAL PROCEDURES OF THE LUNG AND PLEURA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Transplants/Gene Therapy:</b> (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	10/1/2019	33929	REMOVAL TOTAL RPLCMT HEART SYS FOR HEART TRNSPL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Heart Transplantation with a Total Artificial Heart (TAH)		2/21/2024
<b>Transplants/Gene Therapy:</b> (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	10/1/2019	33930	DONOR CARDIECTOMY - PNEUMONECTOMY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Lung Transplantation and Heart Transplant		2/21/2024
<b>Transplants/Gene Therapy:</b> (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	10/1/2019	33933	BKBENCH PREPJ CADAVER DONOR HEART/LUNG ALLOGRAFT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Lung Transplantation and Heart Transplant		2/21/2024
<b>Transplants/Gene Therapy:</b> (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	10/1/2019	33935	HEART-LUNG TRNSPL W/RECIPIENT CARDIECTOMY-PNUMEC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Lung Transplantation and Heart Transplant		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
<b>Transplants/Gene Therapy:</b> (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	10/1/2019	33940	OBTAINING DONOR CADAVER HEART	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Heart Transplant		2/21/2024
<b>Transplants/Gene Therapy:</b> (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	10/1/2019	33944	PREP OF DONOR HEART FOR TRANSPLANT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Heart Transplant		2/21/2024
<b>Transplants/Gene Therapy:</b> (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	10/1/2019	33945	HEART TRANSPLANT W/WO RECIPIENT CARDIECTOMY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Heart Transplant		2/21/2024
<b>Transplants/Gene Therapy:</b> (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	1/1/2021	33995	INSJ PERQ VAD W/RS and I R HEART VENOUS ACCESS ONLY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
<b>Transplants/Gene Therapy:</b> (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	38205	BLD-DRV HEMATOP PROGEN CELL HRVG TRNSPLJ ALGNC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policies: Hematopoietic Stem Cell Transplantation Aplastic, Hematopoietic Stem Cell Transplantation Ewing's Sarcoma Anemia, Hematopoietic Stem Cell Transplantation for Acute Lymphoblastic Leukemia, Hematopoietic Stem Cell Transplantation for Acute Myelogenous Leukemia, Hematopoietic Stem Cell Transplantation for Chronic Lymphoblastic Leukemia (CLL), Hematopoietic Stem Cell Transplantation for Chronic Myelogenous Leukemia (CML), Hematopoietic Stem Cell Transplantation for Germ Cell Tumors, Hematopoietic Stem Cell Transplantation for Immunodeficiency Disorders, Hematopoietic Stem Cell Transplantation for MPS, Hematopoietic Stem Cell Transplantation for Myelodysplastic Syndromes (MDS), Hematopoietic Stem Cell Transplantation for Neuroblastoma, Hematopoietic Stem Cell Transplantation for Primary Myelofibrosis, Hematopoietic Stem Cell Transplantation for Sickle Cell Anemia, Hematopoietic Stem Cell Transplantation for Wilm's Tumor, Hematopoietic Stem Cell Transplantation Hodgkins and NonHodgkins Lymphoma, Hematopoietic Stem Cell Transplantation Multiple Myeloma, Pretransplant Evaluation, Donor Lymphocyte Infusion		2/21/2024
<b>Transplants/Gene Therapy:</b> (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	38206	BLD-DRV HEMATOP PROGEN CELL HRVG TRNSPLJ AUTOL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policies: Hematopoietic Stem Cell Transplantation Aplastic, Hematopoietic Stem Cell Transplantation Ewing's Sarcoma Anemia, Hematopoietic Stem Cell Transplantation for Acute Lymphoblastic Leukemia, Hematopoietic Stem Cell Transplantation for Acute Myelogenous Leukemia, Hematopoietic Stem Cell Transplantation for Chronic Lymphoblastic Leukemia (CLL), Hematopoietic Stem Cell Transplantation for Chronic Myelogenous Leukemia (CML), Hematopoietic Stem Cell Transplantation for Germ Cell Tumors, Hematopoietic Stem Cell Transplantation for Immunodeficiency Disorders, Hematopoietic Stem Cell Transplantation for MPS, Hematopoietic Stem Cell Transplantation for Myelodysplastic Syndromes (MDS), Hematopoietic Stem Cell Transplantation for Neuroblastoma, Hematopoietic Stem Cell Transplantation for Primary Myelofibrosis, Hematopoietic Stem Cell Transplantation for Sickle Cell Anemia, Hematopoietic Stem Cell Transplantation for Wilm's Tumor, Hematopoietic Stem Cell Transplantation Hodgkins and NonHodgkins Lymphoma, Hematopoietic Stem Cell Transplantation Multiple Myeloma, Pretransplant Evaluation, Donor Lymphocyte Infusion		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
<b>Transplants/Gene Therapy:</b> (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	38230	BONE MARROW HARVEST TRANSPLANTATION ALLOGENEIC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policies: Hematopoietic Stem Cell Transplantation Aplastic, Hematopoietic Stem Cell Transplantation Ewing's Sarcoma Anemia, Hematopoietic Stem Cell Transplantation for Acute Lymphoblastic Leukemia, Hematopoietic Stem Cell Transplantation for Acute Myelogenous Leukemia, Hematopoietic Stem Cell Transplantation for Chronic Lymphoblastic Leukemia (CLL), Hematopoietic Stem Cell Transplantation for Chronic Myelogenous Leukemia (CML), Hematopoietic Stem Cell Transplantation for Germ Cell Tumors, Hematopoietic Stem Cell Transplantation for Immunodeficiency Disorders, Hematopoietic Stem Cell Transplantation for MPS, Hematopoietic Stem Cell Transplantation for Myelodysplastic Syndromes (MDS), Hematopoietic Stem Cell Transplantation for Neuroblastoma, Hematopoietic Stem Cell Transplantation for Primary Myelofibrosis, Hematopoietic Stem Cell Transplantation for Sickle Cell Anemia, Hematopoietic Stem Cell Transplantation for Wilm's Tumor, Hematopoietic Stem Cell Transplantation Hodgkins and NonHodgkins Lymphoma, Hematopoietic Stem Cell Transplantation Multiple Myeloma, Pretransplant Evaluation, Donor Lymphocyte Infusion		2/21/2024
<b>Transplants/Gene Therapy:</b> (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	38240	TRNSPL ALLOGENEIC HEMATOPOIETIC CELLS PER DONOR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policies: Hematopoietic Stem Cell Transplantation Aplastic, Hematopoietic Stem Cell Transplantation Ewing's Sarcoma Anemia, Hematopoietic Stem Cell Transplantation for Acute Lymphoblastic Leukemia, Hematopoietic Stem Cell Transplantation for Acute Myelogenous Leukemia, Hematopoietic Stem Cell Transplantation for Chronic Lymphoblastic Leukemia (CLL), Hematopoietic Stem Cell Transplantation for Chronic Myelogenous Leukemia (CML), Hematopoietic Stem Cell Transplantation for Germ Cell Tumors, Hematopoietic Stem Cell Transplantation for Immunodeficiency Disorders, Hematopoietic Stem Cell Transplantation for MPS, Hematopoietic Stem Cell Transplantation for Myelodysplastic Syndromes (MDS), Hematopoietic Stem Cell Transplantation for Neuroblastoma, Hematopoietic Stem Cell Transplantation for Primary Myelofibrosis, Hematopoietic Stem Cell Transplantation for Sickle Cell Anemia, Hematopoietic Stem Cell Transplantation for Wilm's Tumor, Hematopoietic Stem Cell Transplantation Hodgkins and NonHodgkins Lymphoma, Hematopoietic Stem Cell Transplantation Multiple Myeloma, Pretransplant Evaluation, Donor Lymphocyte Infusion		2/21/2024

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<b>Transplants/Gene Therapy:</b> (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	38241	TRNSPLI AUTOLOGOUS HEMATOPOIETIC CELLS PER DONOR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policies: Hematopoietic Stem Cell Transplantation Aplastic, Hematopoietic Stem Cell Transplantation Ewing's Sarcoma Anemia, Hematopoietic Stem Cell Transplantation for Acute Lymphoblastic Leukemia, Hematopoietic Stem Cell Transplantation for Acute Myelogenous Leukemia, Hematopoietic Stem Cell Transplantation for Chronic Lymphoblastic Leukemia (CLL), Hematopoietic Stem Cell Transplantation for Chronic Myelogenous Leukemia (CML), Hematopoietic Stem Cell Transplantation for Germ Cell Tumors, Hematopoietic Stem Cell Transplantation for Immunodeficiency Disorders, Hematopoietic Stem Cell Transplantation for MPS, Hematopoietic Stem Cell Transplantation for Myelodysplastic Syndromes (MDS), Hematopoietic Stem Cell Transplantation for Neuroblastoma, Hematopoietic Stem Cell Transplantation for Primary Myelofibrosis, Hematopoietic Stem Cell Transplantation for Sickle Cell Anemia, Hematopoietic Stem Cell Transplantation for Wilm's Tumor, Hematopoietic Stem Cell Transplantation Hodgkins and NonHodgkins Lymphoma, Hematopoietic Stem Cell Transplantation Multiple Myeloma, Pretransplant Evaluation, Donor Lymphocyte Infusion		2/21/2024
<b>Transplants/Gene Therapy:</b> (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	38242	ALLOGENEIC LYMPHOCYTE INFUSIONS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policies: Hematopoietic Stem Cell Transplantation Aplastic, Hematopoietic Stem Cell Transplantation Ewing's Sarcoma Anemia, Hematopoietic Stem Cell Transplantation for Acute Lymphoblastic Leukemia, Hematopoietic Stem Cell Transplantation for Acute Myelogenous Leukemia, Hematopoietic Stem Cell Transplantation for Chronic Lymphoblastic Leukemia (CLL), Hematopoietic Stem Cell Transplantation for Chronic Myelogenous Leukemia (CML), Hematopoietic Stem Cell Transplantation for Germ Cell Tumors, Hematopoietic Stem Cell Transplantation for Immunodeficiency Disorders, Hematopoietic Stem Cell Transplantation for MPS, Hematopoietic Stem Cell Transplantation for Myelodysplastic Syndromes (MDS), Hematopoietic Stem Cell Transplantation for Neuroblastoma, Hematopoietic Stem Cell Transplantation for Primary Myelofibrosis, Hematopoietic Stem Cell Transplantation for Sickle Cell Anemia, Hematopoietic Stem Cell Transplantation for Wilm's Tumor, Hematopoietic Stem Cell Transplantation Hodgkins and NonHodgkins Lymphoma, Hematopoietic Stem Cell Transplantation Multiple Myeloma, Pretransplant Evaluation, Donor Lymphocyte Infusion		2/21/2024



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<b>Transplants/Gene Therapy:</b> (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	38243	TRNSPLI HEMATOPOIETIC CELL BOOST	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policies: Hematopoietic Stem Cell Transplantation Aplastic, Hematopoietic Stem Cell Transplantation Ewing's Sarcoma Anemia, Hematopoietic Stem Cell Transplantation for Acute Lymphoblastic Leukemia, Hematopoietic Stem Cell Transplantation for Acute Myelogenous Leukemia, Hematopoietic Stem Cell Transplantation for Chronic Lymphoblastic Leukemia (CLL), Hematopoietic Stem Cell Transplantation for Chronic Myelogenous Leukemia (CML), Hematopoietic Stem Cell Transplantation for Germ Cell Tumors, Hematopoietic Stem Cell Transplantation for Immunodeficiency Disorders, Hematopoietic Stem Cell Transplantation for MPS, Hematopoietic Stem Cell Transplantation for Myelodysplastic Syndromes (MDS), Hematopoietic Stem Cell Transplantation for Neuroblastoma, Hematopoietic Stem Cell Transplantation for Primary Myelofibrosis, Hematopoietic Stem Cell Transplantation for Sickle Cell Anemia, Hematopoietic Stem Cell Transplantation for Wilm's Tumor, Hematopoietic Stem Cell Transplantation Hodgkins and NonHodgkins Lymphoma, Hematopoietic Stem Cell Transplantation Multiple Myeloma, Pretransplant Evaluation, Donor Lymphocyte Infusion		2/21/2024
<b>Transplants/Gene Therapy:</b> (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	10/1/2019	44137	RMVL TRNSPLED INTESTINAL ALLOGRAFT COMPL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Small Bowel Transplantation, Small Bowel and Liver Transplantation and Multivisceral Transplantation		2/21/2024
<b>Transplants/Gene Therapy:</b> (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	44715	BKBENCH PREP CADAVER LIVING DONOR INTESTINE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Small Bowel Transplantation, Small Bowel and Liver Transplantation and Multivisceral Transplantation		2/21/2024
<b>Transplants/Gene Therapy:</b> (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	44720	BKBENCH RCNSTJ INT ALGRFT VEN ANAST EA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Small Bowel Transplantation, Small Bowel and Liver Transplantation and Multivisceral Transplantation		2/21/2024

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<b>Transplants/Gene Therapy:</b> (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	44721	BKBENCH RCNSTJ INT ALGRFT ARTL ANAST EA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Small Bowel Transplantation, Small Bowel and Liver Transplantation and Multivisceral Transplantation		2/21/2024
<b>Transplants/Gene Therapy:</b> (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	47133	DONOR HEPATECTOMY CADAVER DONOR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Liver Transplantation Adult Pediatric and/or Small Bowel multivisceral Transplantation		2/21/2024
<b>Transplants/Gene Therapy:</b> (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	47135	LVR ALTRNSPLJ ORTHOTOPIC PRTL WHL DON ANY AGE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Liver Transplantation		2/21/2024
<b>Transplants/Gene Therapy:</b> (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	47140	DONOR HEPATECTOMY LIVING DONOR SEG II AND III	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Liver Transplantation		2/21/2024
<b>Transplants/Gene Therapy:</b> (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	47141	DONOR HEPATECTOMY LIVING DONOR SEG II III AND IV	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Liver Transplantation		2/21/2024

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<b>Transplants/Gene Therapy:</b> (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	47142	DONOR HEPATECTOMY LIVING DONOR SEG V VI VII AND VI	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Liver Transplantation		2/21/2024
<b>Transplants/Gene Therapy:</b> (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	47143	BKBENCH PREP CADAVER DONOR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Liver Transplantation		2/21/2024
<b>Transplants/Gene Therapy:</b> (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	47144	BKBENCH PREP CADAVER WHOLE LIVER GRF I AND IV VII	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Liver Transplantation		2/21/2024
<b>Transplants/Gene Therapy:</b> (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	47145	BKBENCH PREP CADAVER DONOR WHL LVR GRF I AND V VI	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Liver Transplantation		2/21/2024
<b>Transplants/Gene Therapy:</b> (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	47146	BKBENCH RCNSTJ LVR GRF VENOUS ANAST EA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Liver Transplantation		2/21/2024

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<b>Transplants/Gene Therapy:</b> (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	47147	BKBENCH RCNSTJ LVR GRF ARTL ANAST EA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Liver Transplantation		2/21/2024
<b>Transplants/Gene Therapy:</b> (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	48160	PANCREATECTOMY W TRNSPLJ PANCREAS ISLET CELLS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Pancreas Transplantation Procedures (Pancreas Alone, Simultaneous Pancreas and Kidney, Pancreas after Kidney and Pancreatic Islet Cell and Retransplantation)		2/21/2024
<b>Transplants/Gene Therapy:</b> (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	48550	DONOR PANCREATECTOMY DUODENAL SGM TRANSPLANT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Pancreas Transplantation Procedures (Pancreas Alone, Simultaneous Pancreas and Kidney, Pancreas after Kidney and Pancreatic Islet Cell and Retransplantation)		2/21/2024
<b>Transplants/Gene Therapy:</b> (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	48551	BKBENCH PREPJ CADAVER DONOR PANCREAS ALLOGRAFT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Pancreas Transplantation Procedures (Pancreas Alone, Simultaneous Pancreas and Kidney, Pancreas after Kidney and Pancreatic Islet Cell and Retransplantation)		2/21/2024
<b>Transplants/Gene Therapy:</b> (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	48552	BKBENCH RCNSTJ CDVR PNCRS ALGRFT VEN ANAST EA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Pancreas Transplantation Procedures (Pancreas Alone, Simultaneous Pancreas and Kidney, Pancreas after Kidney and Pancreatic Islet Cell and Retransplantation)		2/21/2024

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<b>Transplants/Gene Therapy:</b> (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	48554	TRANSPLANTATION PANCREATIC ALLOGRAFT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Pancreas Transplantation Procedures (Pancreas Alone, Simultaneous Pancreas and Kidney, Pancreas after Kidney and Pancreatic Islet Cell and Retransplantation)		2/21/2024
<b>Transplants/Gene Therapy:</b> (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	48556	RMVL TRANSPLANTED PANCREATIC ALLOGRAFT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Pancreas Transplantation Procedures (Pancreas Alone, Simultaneous Pancreas and Kidney, Pancreas after Kidney and Pancreatic Islet Cell and Retransplantation)		2/21/2024
<b>Transplants/Gene Therapy:</b> (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	50300	DONOR NEPHRECTOMY CADAVER DONOR UNI BILATERAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Kidney Transplantation		2/21/2024
<b>Transplants/Gene Therapy:</b> (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	50320	DONOR NEPHRECTOMY OPEN LIVING DONOR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Kidney Transplantation		2/21/2024
<b>Transplants/Gene Therapy:</b> (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	50323	BKBENCH PREPJ CADAVER DONOR RENAL ALLOGRAFT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Kidney Transplantation		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
<b>Transplants/Gene Therapy:</b> (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	50325	BKBENCH PREPJ LIVING RENAL DONOR ALLOGRAFT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Kidney Transplantation		2/21/2024
<b>Transplants/Gene Therapy:</b> (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	50327	BKBENCH RCNSTJ RENAL ALGRFT VENOUS ANAST EA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Kidney Transplantation		2/21/2024
<b>Transplants/Gene Therapy:</b> (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	50328	BKBENCH RCNSTJ RENAL ALLOGRAFT ARTERIAL ANAST EA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Kidney Transplantation		2/21/2024
<b>Transplants/Gene Therapy:</b> (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	50329	BKBENCH RCNSTJ ALGRFT URETERAL ANAST EA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Kidney Transplantation		2/21/2024
<b>Transplants/Gene Therapy:</b> (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	50340	RECIPIENT NEPHRECTOMY SEPARATE PROCEDURE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Kidney Transplantation		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
<b>Transplants/Gene Therapy:</b> (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	50360	RENAL ALTRNSPLJ IMPLTJ GRF W O RCP NEPHRECTOMY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Kidney Transplantation		2/21/2024
<b>Transplants/Gene Therapy:</b> (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	50365	RENAL ALTRNSPLJ IMPLTJ GRF W RCP NEPHRECTOMY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Kidney Transplantation		2/21/2024
<b>Transplants/Gene Therapy:</b> (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	50370	RMVL TRNSPLED RENAL ALLOGRAFT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Kidney Transplantation		2/21/2024
<b>Transplants/Gene Therapy:</b> (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	50380	RENAL AUTOTRNSPLJ REIMPLANTATION KIDNEY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Kidney Transplantation		2/21/2024
<b>Transplants/Gene Therapy:</b> (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	1/1/2024	J0174	NJECTION, LECANEMAB-IRMB, 1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	Limited to once per lifetime	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
<b>Transplants/Gene Therapy:</b> (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	10/1/2023	J1304	INJECTION, TOFERSEN, 1 mg	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	Limited to once per lifetime	2/21/2024
<b>Transplants/Gene Therapy:</b> (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	11/1/2023	J1411	INJ ETRANACOGENE DEZAPARVOVEC-DRLB PER THR DOSE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	Limited to once per lifetime	2/21/2024
<b>Transplants/Gene Therapy:</b> (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	1/1/2024	J1412	INJ VALOCTOGENE ROXAPARVOVEC (ROCTAVIAN)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	Limited to once per lifetime	2/21/2024
<b>Transplants/Gene Therapy:</b> (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	1/1/2024	J1413	INJ DELANDISTROGENE MOXEPARVOVEC-ROKL (ELEVIDYS) PER THR DOSE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	Limited to once per lifetime	2/21/2024
<b>Transplants/Gene Therapy:</b> (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	7/1/2024	J3393	Betibeglogene Autotemcel (Zynteglo)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	Limited to once per lifetime	



Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
<b>Transplants/Gene Therapy:</b> (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	7/1/2024	J3394	Lovotibeglogene Autotemcel (Lyfgenia)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	Limited to once per lifetime	
<b>Transplants/Gene Therapy:</b> (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	2/1/2023	J3399	INJECTION, ONASEMNOGENE ABEPARVOVEC, PER TX, UP TO 5x10^15 VECTOR GENOMES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/21/2024
<b>Transplants/Gene Therapy:</b> (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	1/1/2024	J3401	INJECTION, VYJUVEK (BEREMAGENE GEPERPAVEC-SVDT)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Limited to once per lifetime	2/21/2024
<b>Transplants/Gene Therapy:</b> (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	1/1/2024	J9029	INJECTION, NADOFARAGENE FIRADENOVEC-VNCG, PER THERAPEUTIC DOSE (ADSTILADRIN)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Limited to once per lifetime	2/21/2024
<b>Transplants/Gene Therapy:</b> (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	Q2041	KTE-C19 TO 200 M A ANTI-CD19 CAR POS T CE P TD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Kymriah (tisagenlecleucel) Chimeric Antigen Receptor T cell Therapy; Kymriah (Tisagenlecleucel) (CAR-T Cell Therapy); Yescarta Chimeric Antigen Receptor T cell Therapy; Yescarta (axicabtagene ciloleucel) (Car-T-cell)		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
<b>Transplants/Gene Therapy:</b> (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	Q2042	TISAGENLEUCCEL TO 600 M CAR-POS VI T CE PER TD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Kymriah (tisagenlecleucel) Chimeric Antigen Receptor T cell Therapy; Kymriah (Tisagenlecleucel) (CAR-T Cell Therapy); Yescarta Chimeric Antigen Receptor T cell Therapy; Yescarta (axicabtagene ciloleucel) (Car-T-cell)		2/21/2024
<b>Transplants/Gene Therapy:</b> (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	Q2043	SIPULEUCEL-T AUTO CD54 PLUS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Provenge (Sipuleucel-T)		2/21/2024
<b>Transplants/Gene Therapy:</b> (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	7/1/2021	Q2053	BREXUCABTAGENE CAR POST	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Tecartus (brexucabtagene autoleucel)		2/21/2024
<b>Transplants/Gene Therapy:</b> (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	1/1/2022	Q2054	LM GT OR EQUAL TO 110 MIL AUTOL ANTI-CD19 CAR-POS VIABL T	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Breyanzi (lisocabtagene maraleucel; liso-cel)		2/21/2024
<b>Transplants/Gene Therapy:</b> (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	1/1/2023	Q2056	CILTACABTAGENE AUTOLEUCCEL TO 100 M BCMA PER TX D	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
<b>Transplants/Gene Therapy:</b> (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	S2053	TRANSPLANTATION SMALL INTESTINE AND LIVER ALLOGRAFTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Small Bowel Multivisceral Transplantation		2/21/2024
<b>Transplants/Gene Therapy:</b> (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	S2054	TRANSPLANTATION OF MULTIVISCERAL ORGANS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Small Bowel Multivisceral Transplantation		2/21/2024
<b>Transplants/Gene Therapy:</b> (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	S2055	HARVEST DONOR MX-VISCERAL ORGAN; CADVER DONOR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Small Bowel Multivisceral Transplantation		2/21/2024
<b>Transplants/Gene Therapy:</b> (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	S2060	LOBAR LUNG TRANSPLANTATION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Lung Transplantation		2/21/2024
<b>Transplants/Gene Therapy:</b> (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	S2061	DONOR LOBECTOMY FOR TRANSPLANTATION LIVING DONOR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Lung Transplantation		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
<b>Transplants/Gene Therapy:</b> (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	S2065	SIMULTANEOUS PANCREAS KIDNEY TRANSPLANTATION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Kidney Transplantation; Pancreas Transplantation Procedures (Pancreas Alone, Simultaneous Pancreas and Kidney, Pancreas after Kidney and Pancreatic Islet Cell and Retransplantation)		2/21/2024
<b>Transplants/Gene Therapy:</b> (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	S2107	ADOPTIVE IMMUNOTHERAPY PER COURSE OF TREATMENT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
<b>Transplants/Gene Therapy:</b> (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	S2140	CORD BLOOD HARVESTING TRANSPLANTATION ALLOGENEIC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Hematopoietic Stem Cell Transplantation for Acute Myelogenous Leukemia; Hematopoietic Stem Cell Transplantation Ewing's Sarcoma; Hematopoietic Stem Cell Transplantation for Acute Lymphoblastic Leukemia; Hematopoietic Stem Cell Transplantation for Chronic Lymphoblastic Leukemia (CLL); Hematopoietic Stem Cell Transplantation for Chronic Myelogenous Leukemia (CML); Hematopoietic Stem Cell Transplantation for Immunodeficiency Disorders; Hematopoietic Stem Cell Transplantation for MPS; Hematopoietic Stem Cell Transplantation for Myelodysplastic Syndromes (MDS); Hematopoietic Stem Cell Transplantation for Neuroblastoma; Hematopoietic Stem Cell Transplantation for Primary Myelofibrosis; Hematopoietic Stem Cell Transplantation for Sickle Cell Anemia; Hematopoietic Stem Cell Transplantation Hodgkins and NonHodgkins Lymphoma; Hematopoietic Stem Cell Transplantation Multiple Myeloma, Donor Lymphocyte Infusion		2/21/2024
<b>Transplants/Gene Therapy:</b> (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	S2142	CORD BLD-DERIVED STEM-CELL TPLNT ALLOGENEIC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Hematopoietic Stem Cell Transplantation for Acute Myelogenous Leukemia; Hematopoietic Stem Cell Transplantation Ewing's Sarcoma; Hematopoietic Stem Cell Transplantation for Acute Lymphoblastic Leukemia; Hematopoietic Stem Cell Transplantation for Chronic Lymphoblastic Leukemia (CLL); Hematopoietic Stem Cell Transplantation for Chronic Myelogenous Leukemia (CML); Hematopoietic Stem Cell Transplantation for Immunodeficiency Disorders; Hematopoietic Stem Cell Transplantation for MPS; Hematopoietic Stem Cell Transplantation for Myelodysplastic Syndromes (MDS); Hematopoietic Stem Cell Transplantation for Neuroblastoma; Hematopoietic Stem Cell Transplantation for Primary Myelofibrosis; Hematopoietic Stem Cell Transplantation for Sickle Cell Anemia; Hematopoietic Stem Cell Transplantation Hodgkins and NonHodgkins Lymphoma; Hematopoietic Stem Cell Transplantation Multiple Myeloma, Donor Lymphocyte Infusion		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
<b>Transplants/Gene Therapy:</b> (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	S2150	BN MARROW BLD DERIVD STEM CELLS HARV TPLNT AND COMP;	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Hematopoietic Stem Cell Transplantation for Acute Myelogenous Leukemia; Hematopoietic Stem Cell Transplantation Ewing's Sarcoma; Hematopoietic Stem Cell Transplantation for Acute Lymphoblastic Leukemia; Hematopoietic Stem Cell Transplantation for Chronic Lymphoblastic Leukemia (CLL); Hematopoietic Stem Cell Transplantation for Chronic Myelogenous Leukemia (CML); Hematopoietic Stem Cell Transplantation for Immunodeficiency Disorders; Hematopoietic Stem Cell Transplantation for MPS; Hematopoietic Stem Cell Transplantation for Myelodysplastic Syndromes (MDS); Hematopoietic Stem Cell Transplantation for Neuroblastoma; Hematopoietic Stem Cell Transplantation for Primary Myelofibrosis; Hematopoietic Stem Cell Transplantation for Sickle Cell Anemia; Hematopoietic Stem Cell Transplantation Hodgkins and NonHodgkins Lymphoma; Hematopoietic Stem Cell Transplantation Multiple Myeloma, Donor Lymphocyte Infusion		2/21/2024
<b>Transplants/Gene Therapy:</b> (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	S2152	SOLID ORGAN; TRANSPLANTATION AND RELATED COMP	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Transplantation, Pancreas Transplant Procedures, Small Bowel Multivisceral Transplantation, Heart Transplantation, and Kidney Transplantation		2/21/2024
<b>Transportation Services:</b> Prior Authorization is required for Non-Emergent Ambulance transportation services. Emergency transport does not require prior authorization when submitted with ET modifier.	4/10/2023	A0382	BLS ROUTINE DISPOSABLE SUPPLIES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Prior Authorization is not required for emergency transport when submitted with Emergency Transport (ET) modifier.  Prior Authorization is required for non-emergency transport and requests submitted without the ET modifier.	2/21/2024
<b>Transportation Services:</b> Prior Authorization is required for Non-Emergent Ambulance transportation services. Emergency transport does not require prior authorization when submitted with ET modifier.	4/10/2023	A0398	ALS ROUTINE DISPOSABLE SUPPLIES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Prior Authorization is not required for emergency transport when submitted with Emergency Transport (ET) modifier.  Prior Authorization is required for non-emergency transport and requests submitted without the ET modifier.	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
<p><b>Transportation Services:</b> Prior Authorization is required for Non-Emergent Ambulance transportation services. Emergency transport does not require prior authorization when submitted with ET modifier.</p>	4/10/2023	A0420	AMBULANCE WAITING TIME ONE-HALF HOUR INCREMENTS	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual	<p>Prior Authorization is not required for emergency transport when submitted with Emergency Transport (ET) modifier.</p> <p>Prior Authorization is required for non-emergency transport and requests submitted without the ET modifier.</p>	2/21/2024
<p><b>Transportation Services:</b> Prior Authorization is required for Non-Emergent Ambulance transportation services. Emergency transport does not require prior authorization when submitted with ET modifier.</p>	4/10/2023	A0422	AMB OXYGEN AND O2 SUPPLIES LIFE SUSTAINING SITUATION	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual	<p>Prior Authorization is not required for emergency transport when submitted with Emergency Transport (ET) modifier.</p> <p>Prior Authorization is required for non-emergency transport and requests submitted without the ET modifier.</p>	2/21/2024
<p><b>Transportation Services:</b> Prior Authorization is required for Non-Emergent Ambulance transportation services. Emergency transport does not require prior authorization when submitted with ET modifier.</p>	4/10/2023	A0424	EXTRA AMBULANCE ATTENDANT GROUND OR AIR	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual	<p>Prior Authorization is not required for emergency transport when submitted with Emergency Transport (ET) modifier.</p> <p>Prior Authorization is required for non-emergency transport and requests submitted without the ET modifier.</p>	2/21/2024
<p><b>Transportation Services:</b> Prior Authorization is required for Non-Emergent Ambulance transportation services. Emergency transport does not require prior authorization when submitted with ET modifier.</p>	4/10/2023	A0425	GROUND MILEAGE PER STATUTE MILE	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual	<p>Prior Authorization is not required for emergency transport when submitted with Emergency Transport (ET) modifier.</p> <p>Prior Authorization is required for non-emergency transport and requests submitted without the ET modifier.</p>	2/21/2024
<p><b>Transportation Services:</b> Prior Authorization is required for Non-Emergent Ambulance transportation services. Emergency transport does not require prior authorization when submitted with ET modifier.</p>	Prior to 9/1/2019	A0426	AMB SERVICE ALS NONEMERGENCY TRANSPORT LEVEL 1	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual	<p>Prior Authorization is not required for emergency transport when submitted with Emergency Transport (ET) modifier.</p> <p>Prior Authorization is required for non-emergency transport and requests submitted without the ET modifier.</p>	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
<p><b>Transportation Services:</b> Prior Authorization is required for Non-Emergent Ambulance transportation services. Emergency transport does not require prior authorization when submitted with ET modifier.</p>	4/10/2023	A0427	MB SERVICE ALS EMERGENCY TRANSPORT LEVEL 1	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual	<p>Prior Authorization is not required for emergency transport when submitted with Emergency Transport (ET) modifier.</p> <p>Prior Authorization is required for non-emergency transport and requests submitted without the ET modifier.</p>	2/21/2024
<p><b>Transportation Services:</b> Prior Authorization is required for Non-Emergent Ambulance transportation services. Emergency transport does not require prior authorization when submitted with ET modifier.</p>	Prior to 9/1/2019	A0428	AMBULANCE SERVICE BLS NONEMERGENCY TRANSPORT	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual	<p>Prior Authorization is not required for emergency transport when submitted with Emergency Transport (ET) modifier.</p> <p>Prior Authorization is required for non-emergency transport and requests submitted without the ET modifier.</p>	2/21/2024
<p><b>Transportation Services:</b> Prior Authorization is required for Non-Emergent Ambulance transportation services. Emergency transport does not require prior authorization when submitted with ET modifier.</p>	4/10/2023	A0429	AMBULANCE SERVICE BLS EMERGENCY TRANSPORT	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual	<p>Prior Authorization is not required for emergency transport when submitted with Emergency Transport (ET) modifier.</p> <p>Prior Authorization is required for non-emergency transport and requests submitted without the ET modifier.</p>	2/21/2024
<p><b>Transportation Services:</b> Prior Authorization is required for Non-Emergent Ambulance transportation services. Emergency transport does not require prior authorization when submitted with ET modifier.</p>	Prior to 9/1/2019	A0430	AMB SERVICE CONVNTION AIR SRVC TRANSPORT 1 WAY	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual	<p>Prior Authorization is not required for emergency transport when submitted with Emergency Transport (ET) modifier.</p> <p>Prior Authorization is required for non-emergency transport and requests submitted without the ET modifier.</p>	2/21/2024
<p><b>Transportation Services:</b> Prior Authorization is required for Non-Emergent Ambulance transportation services. Accessory codes not listed require approval of base BLS/ALS transport for claims payment. Emergency transport does not require prior authorization when submitted with ET modifier.</p>	Prior to 9/1/2019	A0431	AMB SERVICE CONVNTION AIR SRVC TRANSPORT 1 WAY	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual	<p>Prior Authorization is not required for emergency transport when submitted with Emergency Transport (ET) modifier.</p> <p>Prior Authorization is required for non-emergency transport and requests submitted without the ET modifier.</p>	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
<p><b>Transportation Services:</b> Prior Authorization is required for Non-Emergent Ambulance transportation services. Accessory codes not listed require approval of base BLS/ALS transport for claims payment. Emergency transport does not require prior authorization when submitted with ET modifier.</p>	4/10/2023	A0433	ADVANCED LIFE SUPPORT LEVEL 2	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual	<p>Prior Authorization is not required for emergency transport when submitted with Emergency Transport (ET) modifier.</p> <p>Prior Authorization is required for non-emergency transport and requests submitted without the ET modifier.</p>	2/21/2024
<p><b>Transportation Services:</b> Prior Authorization is required for Non-Emergent Ambulance transportation services. Accessory codes not listed require approval of base BLS/ALS transport for claims payment. Emergency transport does not require prior authorization when submitted with ET modifier.</p>	4/10/2023	A0434	SPECIALTY CARE TRANSPORT	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual	<p>Prior Authorization is not required for emergency transport when submitted with Emergency Transport (ET) modifier.</p> <p>Prior Authorization is required for non-emergency transport and requests submitted without the ET modifier.</p>	2/21/2024
<p><b>Transportation Services:</b> Prior Authorization is required for Non-Emergent Ambulance transportation services. Accessory codes not listed require approval of base BLS/ALS transport for claims payment. Emergency transport does not require prior authorization when submitted with ET modifier.</p>	4/10/2023	A0435	FIXED WING AIR MILEAGE PER STATUTE MILE	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual	<p>Prior Authorization is not required for emergency transport when submitted with Emergency Transport (ET) modifier.</p> <p>Prior Authorization is required for non-emergency transport and requests submitted without the ET modifier.</p>	2/21/2024
<p><b>Transportation Services:</b> Prior Authorization is required for Non-Emergent Ambulance transportation services. Accessory codes not listed require approval of base BLS/ALS transport for claims payment. Emergency transport does not require prior authorization when submitted with ET modifier.</p>	4/10/2023	A0436	ROTARY WING AIR MILEAGE PER STATUTE MILE	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual	<p>Prior Authorization is not required for emergency transport when submitted with Emergency Transport (ET) modifier.</p> <p>Prior Authorization is required for non-emergency transport and requests submitted without the ET modifier.</p>	2/21/2024
<p><b>Transportation Services:</b> Prior Authorization is required for Non-Emergent Ambulance transportation services. Accessory codes not listed require approval of base BLS/ALS transport for claims payment. Emergency transport does not require prior authorization when submitted with ET modifier.</p>	4/10/2023	G2022	MDL PRTCP BENEFICIARY REFUSES SRVC COVR UND MDL	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual	<p>Prior Authorization is not required for emergency transport when submitted with Emergency Transport (ET) modifier.</p> <p>Prior Authorization is required for non-emergency transport and requests submitted without the ET modifier.</p>	2/21/2024



Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
<p><b>Transportation Services:</b> Prior Authorization is required for Non-Emergent Ambulance transportation services. Accessory codes not listed require approval of base BLS/ALS transport for claims payment. Emergency transport does not require prior authorization when submitted with ET modifier.</p>	Prior to 9/1/2019	S9960	AMB SERVICE AIR NONEMERGENCY 1 WAY FIXED WING	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria		2/21/2024
<p><b>Transportation Services:</b> Prior Authorization is required for Non-Emergent Ambulance transportation services. Accessory codes not listed require approval of base BLS/ALS transport for claims payment. Emergency transport does not require prior authorization when submitted with ET modifier.</p>	Prior to 9/1/2019	S9961	AMB SERVICE AIR NONEMERGENCY 1 WAY ROTARY WING	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party Proprietary Criteria		2/21/2024
<p><b>Transportation Services:</b> Prior Authorization is required for Non-Emergent Ambulance transportation services. Accessory codes not listed require approval of base BLS/ALS transport for claims payment. Emergency transport does not require prior authorization when submitted with ET modifier.</p>	1/1/2022	T2002	NON EMERGENCY TRANSPORTATION; PER DIEM	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual	Prescribed Pediatric Extended Care Center (PPECC) Benefit	2/21/2024
<p><b>Unlisted/Miscellaneous codes:</b> Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.</p>	1/1/2022	0708T	INTRADERMAL CANCER IMMNTX PREP and 1ST INJECTION	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Additional information is required to define this code and determine criteria.		2/21/2024
<p><b>Unlisted/Miscellaneous codes:</b> Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.</p>	1/1/2022	0709T	INTRADERMAL CANCER IMMNTX EACH ADDL INJECTION	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Additional information is required to define this code and determine criteria.		2/21/2024

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<p><b>Unlisted/Miscellaneous codes:</b></p> <p>Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.</p>	Prior to 9/1/2019	17999	UNLISTED PX SKIN MUC MEMBRANE AND SUBQ TISSUE	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Additional information is required to define this code and determine criteria.		2/21/2024
<p><b>Unlisted/Miscellaneous codes:</b></p> <p>Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.</p>	Prior to 9/1/2019	19499	UNLISTED PROCEDURE BREAST	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Additional information is required to define this code and determine criteria.		2/21/2024
<p><b>Unlisted/Miscellaneous codes:</b></p> <p>Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.</p>	Prior to 9/1/2019	21089	UNLISTED MAXILLOFACIAL PROSTHETIC PROCEDURE	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Additional information is required to define this code and determine criteria.		2/21/2024
<p><b>Unlisted/Miscellaneous codes:</b></p> <p>Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.</p>	Prior to 9/1/2019	21299	UNLISTED CRANIOFACIAL AND MAXILLOFACIAL PROCEDURE	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Additional information is required to define this code and determine criteria.		2/21/2024
<p><b>Unlisted/Miscellaneous codes:</b></p> <p>Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.</p>	Prior to 9/1/2019	22899	UNLISTED PROCEDURE SPINE	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Additional information is required to define this code and determine criteria.		2/21/2024

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<p><b>Unlisted/Miscellaneous codes:</b></p> <p>Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.</p>	Prior to 9/1/2019	22999	UNLISTED PX ABDOMEN MUSCULOSKELETAL SYSTEM	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Additional information is required to define this code and determine criteria.		2/21/2024
<p><b>Unlisted/Miscellaneous codes:</b></p> <p>Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.</p>	Prior to 9/1/2019	23929	UNLISTED PROCEDURE SHOULDER	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Additional information is required to define this code and determine criteria.		2/21/2024
<p><b>Unlisted/Miscellaneous codes:</b></p> <p>Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.</p>	Prior to 9/1/2019	26989	UNLISTED PROCEDURE HANDS FINGERS	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Additional information is required to define this code and determine criteria.		2/21/2024
<p><b>Unlisted/Miscellaneous codes:</b></p> <p>Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.</p>	Prior to 9/1/2019	27299	UNLISTED PROCEDURE PELVIS HIP JOINT	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Additional information is required to define this code and determine criteria.		2/21/2024
<p><b>Unlisted/Miscellaneous codes:</b></p> <p>Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.</p>	Prior to 9/1/2019	29999	UNLISTED PROCEDURE ARTHROSCOPY	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Additional information is required to define this code and determine criteria.		2/21/2024

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<p><b>Unlisted/Miscellaneous codes:</b></p> <p>Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.</p>	Prior to 9/1/2019	30999	UNLISTED PROCEDURE NOSE	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Additional information is required to define this code and determine criteria.		2/21/2024
<p><b>Unlisted/Miscellaneous codes:</b></p> <p>Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.</p>	Prior to 9/1/2019	37501	UNLISTED VASCULAR ENDOSCOPY PROCEDURE	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Additional information is required to define this code and determine criteria.		2/21/2024
<p><b>Unlisted/Miscellaneous codes:</b></p> <p>Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.</p>	Prior to 9/1/2019	37799	UNLISTED PROCEDURE VASCULAR SURGERY	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Additional information is required to define this code and determine criteria.		2/21/2024
<p><b>Unlisted/Miscellaneous codes:</b></p> <p>Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.</p>	Prior to 9/1/2019	38129	UNLISTED LAPAROSCOPY PROCEDURE SPLEEN	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Additional information is required to define this code and determine criteria.		2/21/2024
<p><b>Unlisted/Miscellaneous codes:</b></p> <p>Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.</p>	Prior to 9/1/2019	38589	UNLISTED LAPAROSCOPY PX LYMPHATIC SYSTEM	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Additional information is required to define this code and determine criteria.		2/21/2024

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<p><b>Unlisted/Miscellaneous codes:</b></p> <p>Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.</p>	Prior to 9/1/2019	39499	UNLISTED PROCEDURE MEDIASTINUM	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Additional information is required to define this code and determine criteria.		2/21/2024
<p><b>Unlisted/Miscellaneous codes:</b></p> <p>Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.</p>	Prior to 9/1/2019	39599	UNLISTED PROCEDURE DIAPHRAGM	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Additional information is required to define this code and determine criteria.		2/21/2024
<p><b>Unlisted/Miscellaneous codes:</b></p> <p>Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.</p>	Prior to 9/1/2019	40799	UNLISTED PROCEDURE LIPS	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Additional information is required to define this code and determine criteria.		2/21/2024
<p><b>Unlisted/Miscellaneous codes:</b></p> <p>Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.</p>	Prior to 9/1/2019	41599	UNLISTED PROCEDURE TONGUE FLOOR MOUTH	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Additional information is required to define this code and determine criteria.		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
<p><b>Unlisted/Miscellaneous codes:</b></p> <p>Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.</p>	Prior to 9/1/2019	42299	UNLISTED PROCEDURE PALATE UVULA	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Additional information is required to define this code and determine criteria.		2/21/2024
<p><b>Unlisted/Miscellaneous codes:</b></p> <p>Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.</p>	Prior to 9/1/2019	43499	UNLISTED PROCEDURE ESOPHAGUS	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Additional information is required to define this code and determine criteria.		2/21/2024
<p><b>Unlisted/Miscellaneous codes:</b></p> <p>Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.</p>	Prior to 9/1/2019	43659	UNLISTED LAPAROSCOPIC PROCEDURE STOMACH	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Additional information is required to define this code and determine criteria.		2/21/2024
<p><b>Unlisted/Miscellaneous codes:</b></p> <p>Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.</p>	Prior to 9/1/2019	43999	UNLISTED PROCEDURE STOMACH	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Additional information is required to define this code and determine criteria.		2/21/2024
<p><b>Unlisted/Miscellaneous codes:</b></p> <p>Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.</p>	Prior to 9/1/2019	45399	UNLISTED PROCEDURE COLON	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Additional information is required to define this code and determine criteria.		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
<p><b>Unlisted/Miscellaneous codes:</b></p> <p>Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.</p>	Prior to 9/1/2019	47579	UNLISTED LAPAROSCOPY PROCEDURE BILIARY TRACT	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Additional information is required to define this code and determine criteria.		2/21/2024
<p><b>Unlisted/Miscellaneous codes:</b></p> <p>Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.</p>	Prior to 9/1/2019	47999	UNLISTED PROCEDURE BILIARY TRACT	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Additional information is required to define this code and determine criteria.		2/21/2024
<p><b>Unlisted/Miscellaneous codes:</b></p> <p>Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.</p>	Prior to 9/1/2019	49999	UNLISTED PROCEDURE ABDOMEN PERITONEUM AND OMENTUM	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Additional information is required to define this code and determine criteria.		2/21/2024
<p><b>Unlisted/Miscellaneous codes:</b></p> <p>Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.</p>	Prior to 9/1/2019	54699	UNLISTED LAPAROSCOPY PROCEDURE TESTIS	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Additional information is required to define this code and determine criteria.		2/21/2024
<p><b>Unlisted/Miscellaneous codes:</b></p> <p>Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.</p>	Prior to 9/1/2019	55559	UNLISTED LAPROSCOPY PROCEDURE SPERMATIC CORD	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Additional information is required to define this code and determine criteria.		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
<p><b>Unlisted/Miscellaneous codes:</b></p> <p>Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.</p>	Prior to 9/1/2019	55899	UNLISTED PROCEDURE MALE GENITAL SYSTEM	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Additional information is required to define this code and determine criteria.		2/21/2024
<p><b>Unlisted/Miscellaneous codes:</b></p> <p>Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.</p>	Prior to 9/1/2019	58578	UNLISTED LAPAROSCOPY PROCEDURE UTERUS	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Additional information is required to define this code and determine criteria.		2/21/2024
<p><b>Unlisted/Miscellaneous codes:</b></p> <p>Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.</p>	Prior to 9/1/2019	58679	UNLISTED LAPAROSCOPY PROCEDURE OVIDUCT OVARY	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Additional information is required to define this code and determine criteria.		2/21/2024
<p><b>Unlisted/Miscellaneous codes:</b></p> <p>Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.</p>	Prior to 9/1/2019	58999	UNLISTED PX FEMALE GENITAL SYSTEM NONOBSTETRICAL	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Additional information is required to define this code and determine criteria.		2/21/2024
<p><b>Unlisted/Miscellaneous codes:</b></p> <p>Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.</p>	Prior to 9/1/2019	60699	UNLISTED PROCEDURE ENDOCRINE SYSTEM	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Additional information is required to define this code and determine criteria.		2/21/2024



Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
<p><b>Unlisted/Miscellaneous codes:</b></p> <p>Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.</p>	Prior to 9/1/2019	64999	UNLISTED PROCEDURE NERVOUS SYSTEM	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	<p>Additional information is required to define this code and determine criteria.</p> <p>Molina Clinical Policy: Radiofrequency Ablation (RFA) for Chronic Back Pain Associated with the Facet Joint</p>		2/21/2024
<p><b>Unlisted/Miscellaneous codes:</b></p> <p>Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.</p>	Prior to 9/1/2019	67299	UNLISTED PROCEDURE POSTERIOR SEGMENT	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	<p>Additional information is required to define this code and determine criteria.</p>		2/21/2024
<p><b>Unlisted/Miscellaneous codes:</b></p> <p>Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.</p>	Prior to 9/1/2019	68899	UNLISTED PROCEDURE LACRIMAL SYSTEM	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	<p>Additional information is required to define this code and determine criteria.</p>		2/21/2024
<p><b>Unlisted/Miscellaneous codes:</b></p> <p>Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.</p>	Prior to 9/1/2019	77799	UNLISTED PROCEDURE CLINICAL BRACHYTHERAPY	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	<p>Additional information is required to define this code and determine criteria.</p>		2/21/2024
<p><b>Unlisted/Miscellaneous codes:</b></p> <p>Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.</p>	Prior to 9/1/2019	87797	IADNA NOS DIRECT PROBE TQ EACH ORGANISM	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	<p>Additional information is required to define this code and determine criteria.</p>		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
<p><b>Unlisted/Miscellaneous codes:</b></p> <p>Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.</p>	Prior to 9/1/2019	87798	IADNA NOS AMPLIFIED PROBE TQ EACH ORGANISM	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Additional information is required to define this code and determine criteria.	No prior auth required up to 3 per day.	2/21/2024
<p><b>Unlisted/Miscellaneous codes:</b></p> <p>Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.</p>	Prior to 9/1/2019	87799	IADNA NOS QUANTIFICATION EACH ORGANISM	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Additional information is required to define this code and determine criteria.		2/21/2024
<p><b>Unlisted/Miscellaneous codes:</b></p> <p>Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.</p>	Prior to 9/1/2019	87899	IAADIADDOO NOT OTHERWISE SPECIFIED	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Additional information is required to define this code and determine criteria.		2/21/2024
<p><b>Unlisted/Miscellaneous codes:</b></p> <p>Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.</p>	Prior to 9/1/2019	88299	UNLISTED CYTOGENETIC STUDY	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Additional information is required to define this code and determine criteria.		2/21/2024
<p><b>Unlisted/Miscellaneous codes:</b></p> <p>Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.</p>	Prior to 9/1/2019	88399	UNLISTED SURGICAL PATHOLOGY PROCEDURE	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Additional information is required to define this code and determine criteria.		2/21/2024

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<p><b>Unlisted/Miscellaneous codes:</b></p> <p>Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.</p>	Prior to 9/1/2019	93799	UNLISTED CARDIOVASCULAR SERVICE PROCEDURE	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Additional information is required to define this code and determine criteria.		2/21/2024
<p><b>Unlisted/Miscellaneous codes:</b></p> <p>Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.</p>	Prior to 9/1/2019	95999	UNLIS NEUROLOGICAL NEUROMUSCULAR DX PX	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Additional information is required to define this code and determine criteria.		2/21/2024
<p><b>Unlisted/Miscellaneous codes:</b></p> <p>Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.</p>	Prior to 9/1/2019	96549	UNLISTED CHEMOTHERAPY PROCEDURE	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Additional information is required to define this code and determine criteria.		2/21/2024
<p><b>Unlisted/Miscellaneous codes:</b></p> <p>Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.</p>	7/1/2023	97039	UNLIST MODALITY SPEC TYPE AND TIME CONSTANT ATTEND	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Additional information is required to define this code and determine criteria.	Prior auth required after initial evaluation	2/21/2024
<p><b>Unlisted/Miscellaneous codes:</b></p> <p>Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.</p>	7/1/2023	97139	UNLISTED THERAPEUTIC PROCEDURE SPECIFY	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Additional information is required to define this code and determine criteria.	Prior auth required after initial evaluation	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
<p><b>Unlisted/Miscellaneous codes:</b></p> <p>Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.</p>	Prior to 9/1/2019	97799	UNLISTED PHYSICAL MEDICINE REHAB SERVICE PROC	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Additional information is required to define this code and determine criteria.		2/21/2024
<p><b>Unlisted/Miscellaneous codes:</b></p> <p>Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.</p>	Prior to 9/1/2019	99499	UNLISTED EVALUATION AND MANAGEMENT SERVICE	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Additional information is required to define this code and determine criteria.		2/21/2024
<p><b>Unlisted/Miscellaneous codes:</b></p> <p>Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.</p>	Prior to 9/1/2019	99600	UNLISTED HOME VISIT SERVICE PROCEDURE	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Additional information is required to define this code and determine criteria.		2/21/2024
<p><b>Unlisted/Miscellaneous codes:</b></p> <p>Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.</p>	Prior to 9/1/2019	A0999	UNLISTED AMBULANCE SERVICE	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Additional information is required to define this code and determine criteria.	<p>Prior Authorization is not required for emergency transport when submitted with Emergency Transport (ET) modifier.</p> <p>Prior Authorization is required for non-emergency transport and requests submitted without the ET modifier.</p>	2/21/2024
<p><b>Unlisted/Miscellaneous codes:</b></p> <p>Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.</p>	Prior to 9/1/2019	A4421	OSTOMY SUPPLY; MISCELLANEOUS	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Additional information is required to define this code and determine criteria.		2/21/2024

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<p><b>Unlisted/Miscellaneous codes:</b></p> <p>Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.</p>	Prior to 9/1/2019	A6262	WOUND FILLER DRY FORM PER G NOT OTHERWISE SPEC	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Additional information is required to define this code and determine criteria.		2/21/2024
<p><b>Unlisted/Miscellaneous codes:</b></p> <p>Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.</p>	7/1/2022	A9291	PRESCRIPTION DIGITAL BT FDA CLEARED PER CRS TX	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Additional information is required to define this code and determine criteria.		2/21/2024
<p><b>Unlisted/Miscellaneous codes:</b></p> <p>Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.</p>	Prior to 9/1/2019	A9699	RADIOPHARMACEUTICAL THERAPEUTIC NOC	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Additional information is required to define this code and determine criteria.		2/21/2024
<p><b>Unlisted/Miscellaneous codes:</b></p> <p>Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.</p>	5/20/2020	A9900	DME SUP ACCESS SRV-COMPON OTH HCPCS	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Additional information is required to define this code and determine criteria.		2/21/2024
<p><b>Unlisted/Miscellaneous codes:</b></p> <p>Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.</p>	Prior to 9/1/2019	A9999	MISCELLANEOUS DME SUPPLY OR ACCESSORY NOS	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Additional information is required to define this code and determine criteria.		2/21/2024

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<p><b>Unlisted/Miscellaneous codes:</b></p> <p>Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.</p>	Prior to 9/1/2019	B9998	NOC FOR ENTERAL SUPPLIES	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Additional information is required to define this code and determine criteria.		2/21/2024
<p><b>Unlisted/Miscellaneous codes:</b></p> <p>Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.</p>	Prior to 9/1/2019	E0769	ESTIM ELECTROMAGNETIC WOUND TREATMENT DEVC NOC	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Additional information is required to define this code and determine criteria.		2/21/2024
<p><b>Unlisted/Miscellaneous codes:</b></p> <p>Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.</p>	Prior to 9/1/2019	E0770	FES TRANSQ STIM NERV AND MUSC GRP CMPL SYS NOS	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Additional information is required to define this code and determine criteria.		2/21/2024
<p><b>Unlisted/Miscellaneous codes:</b></p> <p>Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.</p>	Prior to 9/1/2019	E1399	DURABLE MEDICAL EQUIPMENT MISCELLANEOUS	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Additional information is required to define this code and determine criteria.		2/21/2024
<p><b>Unlisted/Miscellaneous codes:</b></p> <p>Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.</p>	Prior to 9/1/2019	J7599	IMMUNOSUPPRESSIVE DRUG NOT OTHERWISE CLASSIFIED	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Additional information is required to define this code and determine criteria.		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
<p><b>Unlisted/Miscellaneous codes:</b></p> <p>Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.</p>	Prior to 9/1/2019	J7699	NOC DRUGS INHALATION SOLUTION ADMINED THRU DME	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Additional information is required to define this code and determine criteria.		2/21/2024
<p><b>Unlisted/Miscellaneous codes:</b></p> <p>Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.</p>	Prior to 9/1/2019	J7799	NOC RX OTH THAN INHALATION RX ADMINED THRU DME	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Additional information is required to define this code and determine criteria.		2/21/2024
<p><b>Unlisted/Miscellaneous codes:</b></p> <p>Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.</p>	Prior to 9/1/2019	J7999	COMPOUNDED DRUG NOT OTHERWISE CLASSIFIED	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Additional information is required to define this code and determine criteria.	Bevacizumab when billed for intraocular injection does not require a PA	2/21/2024
<p><b>Unlisted/Miscellaneous codes:</b></p> <p>Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.</p>	Prior to 9/1/2019	J8597	ANTIEMETIC DRUG ORAL NOT OTHERWISE SPECIFIED	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Additional information is required to define this code and determine criteria.		2/21/2024
<p><b>Unlisted/Miscellaneous codes:</b></p> <p>Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.</p>	Prior to 9/1/2019	K0812	POWER OPERATED VEHICLE NOT OTHERWISE CLASSIFIED	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Additional information is required to define this code and determine criteria.		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
<p><b>Unlisted/Miscellaneous codes:</b></p> <p>Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.</p>	Prior to 9/1/2019	K0898	POWER WHEELCHAIR NOT OTHERWISE CLASSIFIED	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Additional information is required to define this code and determine criteria.		2/21/2024
<p><b>Unlisted/Miscellaneous codes:</b></p> <p>Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.</p>	Prior to 9/1/2019	K0899	PWR MOBILITY DVC NOT CODED DME PDAC NOT MEET CRIT	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Additional information is required to define this code and determine criteria.		2/21/2024
<p><b>Unlisted/Miscellaneous codes:</b></p> <p>Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.</p>	Prior to 9/1/2019	L0999	ADD TO SPINAL ORTHOTIC NOT OTHERWISE SPECIFIED	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Additional information is required to define this code and determine criteria.		2/21/2024
<p><b>Unlisted/Miscellaneous codes:</b></p> <p>Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.</p>	Prior to 9/1/2019	L1499	SPINAL ORTHOTIC NOT OTHERWISE SPECIFIED	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Additional information is required to define this code and determine criteria.		2/21/2024
<p><b>Unlisted/Miscellaneous codes:</b></p> <p>Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.</p>	Prior to 9/1/2019	L2999	LOWER EXTREMITY ORTHOSES NOT OTHERWISE SPECIFIED	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Additional information is required to define this code and determine criteria.		2/21/2024



Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
<p><b>Unlisted/Miscellaneous codes:</b></p> <p>Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.</p>	Prior to 9/1/2019	L3999	UPPER LIMB ORTHOSIS NOT OTHERWISE SPECIFIED	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Additional information is required to define this code and determine criteria.		2/21/2024
<p><b>Unlisted/Miscellaneous codes:</b></p> <p>Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.</p>	Prior to 9/1/2019	L5999	LOWER EXTREMITY PROSTHESIS NOS	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Additional information is required to define this code and determine criteria.		2/21/2024
<p><b>Unlisted/Miscellaneous codes:</b></p> <p>Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.</p>	Prior to 9/1/2019	L7499	UPPER EXTREMITY PROSTHESIS NOS	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Additional information is required to define this code and determine criteria.		2/21/2024
<p><b>Unlisted/Miscellaneous codes:</b></p> <p>Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.</p>	Prior to 9/1/2019	L8039	BREAST PROSTHESIS NOT OTHERWISE SPECIFIED	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Additional information is required to define this code and determine criteria.		2/21/2024
<p><b>Unlisted/Miscellaneous codes:</b></p> <p>Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.</p>	Prior to 9/1/2019	L8499	UNLISTED PROC MISCELLANEOUS PROSTHETIC SERVICES	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Texas Medicaid Provider Procedures Manual		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
<p><b>Unlisted/Miscellaneous codes:</b></p> <p>Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.</p>	Prior to 9/1/2019	L8699	PROSTHETIC IMPLANT NOT OTHERWISE SPECIFIED	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Additional information is required to define this code and determine criteria.		2/21/2024
<p><b>Unlisted/Miscellaneous codes:</b></p> <p>Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.</p>	Prior to 9/1/2019	L8701	PWR UE ROM AST DVC ELB WR HAND 1 DBL UP CUS FAB	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: MyoPro Orthosis / Myelectric Upper Extremity Orthosis		2/21/2024
<p><b>Unlisted/Miscellaneous codes:</b></p> <p>Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.</p>	Prior to 9/1/2019	L8702	PWR UE ROM AST DVC ELBO WR H FINGER 1 DBL UP CUS	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Molina Clinical Policy: MyoPro Orthosis / Myelectric Upper Extremity Orthosis		2/21/2024
<p><b>Unlisted/Miscellaneous codes:</b></p> <p>Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.</p>	Prior to 9/1/2019	Q0508	MISC SUPPLY OR ACCESSORY USE WITH IMPLANTED VAD	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Additional information is required to define this code and determine criteria.		2/21/2024
<p><b>Unlisted/Miscellaneous codes:</b></p> <p>Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.</p>	4/1/2023	Q3014	TELEHEALTH ORIGINATING SITE FACI	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Additional information is required to define this code and determine criteria.		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
<p><b>Unlisted/Miscellaneous codes:</b></p> <p>Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.</p>	Prior to 9/1/2019	Q4082	DRUG OR BIOLOGICAL NOC PART B DRUG CAP	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Additional information is required to define this code and determine criteria.		2/21/2024
<p><b>Unlisted/Miscellaneous codes:</b></p> <p>Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.</p>	Prior to 9/1/2019	Q4100	SKIN SUBSTITUTE NOT OTHERWISE SPECIFIED	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Additional information is required to define this code and determine criteria.		2/21/2024
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<p><b>Unlisted/Miscellaneous codes:</b></p> <p>Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.</p>	1/1/2022	S9432	MEDICAL FOODS FOR NONINBORN ERRORS OF METABOLISM	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Additional information is required to define this code and determine criteria.		2/21/2024
<p><b>Unlisted/Miscellaneous codes:</b></p> <p>Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.</p>	5/20/2020	T1999	MISC TX ITEMS AND SPL RETAIL PURCHASE NOC	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Additional information is required to define this code and determine criteria.		2/21/2024

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