dell children's Health Plan

Effective 11/1/2026

To request a prior authorization the following may be utilized:

- Clinician Portal to view the status of an authorization: https://secure.healthx.com/Provider_2022
- Fax a completed Prior Authorization Form to 512-324-3014 or 1-844-981-3329
- Call Dell Children's Health Plan at 512-324-3013 or 1-855-962-4453
- Email Dell Children's Health Plan at dchp-UM@ascension.org

Note: Prior authorization is not a guarantee of payment

Inpatient Hospitalization

- Pre-scheduled admissions for elective procedures require prior authorization
- All unplanned inpatient hospital care (surgical, non-surgical) requires authorization
- Notification must be made within 48 hours admission of to the facility
- Labor and delivery admission requires authorization if stay exceeds 48 hours for vaginal delivery or 96 hours for cesarean delivery

Behavioral Health Revenue Codes (effective 10/1/2026)

Note: Revenue codes are provided for clarification and specificity. They reflect services previously subject to PA under the existing inpatient or outpatient BH requirements and do not represent newly added PA requirements.

Non Contracted Providers / Services

- With the exception of emergency and post stabilization care all services or items from a non-contracted provider in all non-emergency room places of service require approval
- Prior authorization requirements for non contracted providers is not limited to services on this prior authorization list

Gene and Cell Therapy

All Gene and Cell Therapy require prior authorization

Durable Medical Equipment

All requests that exceed the benefit limit outlined in the TMPPM require prior authorization

Line of business	Procedure	Procedure code description	Authorization	Third Party Guidelines	State guidelines	Effective	Termination	Comment

Medicaid/CHIP	114	Psychiatric/pvt	Yes	LOCUS/CalLocus/ESCI		10/01/2026	12/31/9999	**Effective 10/1/2026 Refer to Optum for Prior Authorization** . **Optum UM Phone Number:** 877-614-0484 . **Optum Provider Portal**
Medicaid/CHIP	116	Detoxification/pvt	Yes	ASAM		10/01/2026	12/31/9999	**Effective 10/1/2026 Refer to Optum for Prior Authorization** . **Optum UM Phone Number:** 877-614-0484 . **Optum Provider Portal**
Medicaid/CHIP	124	Psychiatric/semi	Yes	LOCUS/CalLocus/ESCI		10/01/2026	12/31/9999	**Effective 10/1/2026 Refer to Optum for Prior Authorization** . **Optum UM Phone Number:** 877-614-0484 . **Optum Provider Portal**
Medicaid/CHIP	126	Detoxification/semi	Yes	ASAM		10/01/2026	12/31/9999	**Effective 10/1/2026 Refer to Optum for Prior Authorization** . **Optum UM Phone Number:** 877-614-0484 . **Optum Provider Portal**
Medicaid/CHIP	128	Rehabilitation /semi	Yes	LOCUS/CalLocus/ESCI		10/01/2026	12/31/9999	**Effective 10/1/2026 Refer to Optum for Prior Authorization** . **Optum UM Phone Number:** 877-614-0484 . **Optum Provider Portal**
Medicaid/CHIP	134	Psychiatric/3-4 bed	Yes	LOCUS/CalLocus/ESCI		10/01/2026	12/31/9999	**Effective 10/1/2026 Refer to Optum for Prior Authorization** . **Optum UM Phone Number:** 877-614-0484 . **Optum Provider Portal**
Medicaid/CHIP	136	Detoxification/3-4 bed	Yes	ASAM		10/01/2026	12/31/9999	**Effective 10/1/2026 Refer to Optum for Prior Authorization** . **Optum UM Phone Number:** 877-614-0484 . **Optum Provider Portal**

Medicaid/CHIP	144	Psychiatric/pvt deluxe	Yes	LOCUS/CalLocus/ESCI		10/01/2026	12/31/9999	**Effective 10/1/2026 Refer to Optum for Prior Authorization** . **Optum UM Phone Number:** 877-614-0484 . **Optum Provider Portal**
Medicaid/CHIP	146	Detoxification/pvt deluxe	Yes	ASAM		10/01/2026	12/31/9999	**Effective 10/1/2026 Refer to Optum for Prior Authorization** . **Optum UM Phone Number:** 877-614-0484 . **Optum Provider Portal**
Medicaid/CHIP	154	Psychiatric/ward	Yes	LOCUS/CalLocus/ESCI		10/01/2026	12/31/9999	**Effective 10/1/2026 Refer to Optum for Prior Authorization** . **Optum UM Phone Number:** 877-614-0484 . **Optum Provider Portal**
Medicaid/CHIP	156	Detoxification/ward	Yes	ASAM		10/01/2026	12/31/9999	**Effective 10/1/2026 Refer to Optum for Prior Authorization** . **Optum UM Phone Number:** 877-614-0484 . **Optum Provider Portal**
Medicaid/CHIP	204	Intensive Care-Psychiatric	Yes	LOCUS/CalLocus/ESCI		10/01/2026	12/31/9999	**Effective 10/1/2026 Refer to Optum for Prior Authorization** . **Optum UM Phone Number:** 877-614-0484 . **Optum Provider Portal**
Medicaid/CHIP	905	Intensive OP Services - Psychiatric	Yes	LOCUS/CalLocus/ESCI		10/01/2026	12/31/9999	**Effective 10/1/2026 Refer to Optum for Prior Authorization** . **Optum UM Phone Number:** 877-614-0484 . **Optum Provider Portal**
Medicaid/CHIP	906	Intensive OP Services - Chem Dep	Yes	ASAM		10/01/2026	12/31/9999	**Effective 10/1/2026 Refer to Optum for Prior Authorization** . **Optum UM Phone Number:** 877-614-0484 . **Optum Provider Portal**

Medicaid/CHIP	912	Partial hospitalization-less intensive	Yes	LOCUS/CalLocus/ESCI		10/01/2026	12/31/9999	**Effective 10/1/2026 Refer to Optum for Prior Authorization** . **Optum UM Phone Number:** 877-614-0484 . **Optum Provider Portal**
Medicaid/CHIP	913	Partial hospitalization-intensive	Yes	LOCUS/CalLocus/ESCI		10/01/2026	12/31/9999	**Effective 10/1/2026 Refer to Optum for Prior Authorization** . **Optum UM Phone Number:** 877-614-0484 . **Optum Provider Portal**
Medicaid/CHIP	1001	Residential Treatment - Psychiatric	Yes	LOCUS/CalLocus/ESCI		10/01/2026	12/31/9999	**Effective 10/1/2026 Refer to Optum for Prior Authorization** . **Optum UM Phone Number:** 877-614-0484 . **Optum Provider Portal**
Medicaid/CHIP	1002	Residential Treatment - Chem Dep	Yes	ASAM		10/01/2026	12/31/9999	**Effective 10/1/2026 Refer to Optum for Prior Authorization** . **Optum UM Phone Number:** 877-614-0484 . **Optum Provider Portal**
Medicaid/CHIP	0037U	Targeted genomic sequence analysis, solid organ neoplasm, DNA analysis of 324 genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability and tumor mutational burden	Yes		TMPPM	6/1/2026	12/31/9999	
Medicaid/CHIP	0239U	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free DNA, analysis of 311 or more genes, interrogation for sequence variants, including substitutions, insertions, deletions, select rearrangements, and copy number variations	Yes		TMPPM	6/1/2026	12/31/9999	
Medicaid/CHIP	0364U	Oncology (hematolymphoid neoplasm), genomic sequence analysis using multiplex (PCR) and next-generation sequencing with algorithm, quantification of dominant clonal sequence(s), reported as presence or absence of minimal residual disease (MRD) with quantitation of disease burden, when appropriate	Yes		TMPPM	6/1/2026	12/31/9999	

Medicaid/CHIP	0493U	Transplantation medicine, quantification of donor-derived cell-free DNA (cfDNA) using next-generation sequencing, plasma, reported as percentage of donor-derived cell-free DNA	Yes		TMPPM	6/1/2026	12/31/9999	
Medicaid/CHIP	0540U	Transplantation medicine, quantification of donor-derived cell-free DNA using next-generation sequencing analysis of plasma, reported as percentage of donor-derived cell-free DNA to determine probability of rejection	Yes		TMPPM	6/1/2026	12/31/9999	
Medicaid/CHIP	11950	Subcutaneous injection, filling material,1cc or less	Yes, Not Covered if Cosmetic		TMPPM	4/1/2023	12/31/9999	
Medicaid/CHIP	11951	Subcut injection, filling amterial, 1.1-5cc	Yes, Not Covered if Cosmetic		TMPPM	4/1/2023	12/31/9999	
Medicaid/CHIP	11952	Subq Injection, Filling Matl; 5.1 To 10.0 Cc	Yes, Not Covered if Cosmetic		Texas Medicaid Provider Procedures Manual-Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook: 9.4.2 Benefits and Limitations	7/1/2020	12/31/9999	
Medicaid/CHIP	11954	Subq Injection, Filling Matl; > 10.0 Cc	Yes		None	3/23/2010	12/31/9999	
Medicaid/CHIP	11980	Subcutaneous hormone pellet implantation (implantation of estradiol and/or testosterone pellets beneath the skin)	Yes		TMPPM	4/1/2024	12/31/9999	

Medicaid/CHIP	15780	Dermabrasion; Total Face	Yes		TMPPM	8/1/2013	12/31/9999	
Medicaid/CHIP	15781	Dermabrasion; Segmental, Face	Yes		TMPPM	1/1/2009	12/31/9999	
Medicaid/CHIP	15782	Dermabrasion; Regional, Other Than Face	Yes		TMPPM	8/1/2013	12/31/9999	
Medicaid/CHIP	15783	Dermabrasion, superficial, any site	Yes		TMPPM	4/1/2023	12/31/9999	
Medicaid/CHIP	15786	Abrasion; Single Lesion	Yes		TMPPM	8/1/2013	12/31/9999	
Medicaid/CHIP	15787	Abrasion, additional 4 lesions	Yes		TMPPM	8/1/2023	12/31/9999	
Medicaid/CHIP	15788	Chemical Peel, Facial; Epidermal	Yes		TMPPM	8/1/2013	12/31/9999	

Medicaid/CHIP	15789	Chemical Peel, Facial; Dermal	Yes		TMPPM	8/1/2013	12/31/9999	
Medicaid/CHIP	15792	Chemical Peel, Nonfacial; Epidermal	Yes		TMPPM	8/1/2013	12/31/9999	
Medicaid/CHIP	15793	Chemical Peel, Nonfacial; Dermal	Yes		TMPPM	8/1/2013	12/31/9999	
Medicaid/CHIP	15820	Blepharoplasty, lower eyelid	Yes		TMPPM	4/1/2023	12/31/9999	
Medicaid/CHIP	15821	Blepharoplasty, Lower Eyelid; W/Extensive Herniated Fat Pad	Yes		TMPPM	1/1/2009	12/31/9999	
Medicaid/CHIP	15822	Blepharoplasty, upper eyelid	Yes		TMPPM	4/1/2023	12/31/9999	
Medicaid/CHIP	15823	Blepharoplasty, upper eyelid, with excessive skin weighting down lid	Yes	Interqual	TMPPM	4/1/2023	12/31/9999	

Medicaid/CHIP	15824	Rhytidectomy; Forehead	Yes		TMPPM	8/1/2013	12/31/9999	
Medicaid/CHIP	15828	Rhytidectomy; Cheek, Chin, & Neck	Yes		TMPPM	8/1/2013	12/31/9999	
Medicaid/CHIP	15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy, abdomen, infraumbilical panniculectomy	Yes		TMPPM Guidelines: Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook 1 General Info	1/1/2009	12/31/9999	
Medicaid/CHIP	15840	Graft, Facial Nerve Paralysis; Free Fascia Graft (W/Obtaining Fascia)	Yes	Interqual	None	8/1/2013	12/31/9999	
Medicaid/CHIP	15841	Graft, Facial Nerve Paralysis; Free Muscle Graft (W/Obtaining Graft)	Yes	Interqual	None	8/1/2013	12/31/9999	
Medicaid/CHIP	15842	Graft, Facial Nerve Paralysis; Free Muscle Flap, Microsurgical Technique	Yes	Interqual	None	8/1/2013	12/31/9999	
Medicaid/CHIP	15845	Graft, Facial Nerve Paralysis; Regional Muscle Transfer	Yes	Interqual	None	8/1/2013	12/31/9999	

Medicaid/CHIP	15847	Abdominoplasty	Yes		TMPPM	4/1/2023	12/31/9999	
Medicaid/CHIP	15876	Suction assisted lipectomy head and neck	Yes, Not Covered if Cosmetic		TMPPM	4/1/2023	12/31/9999	
Medicaid/CHIP	17106	Destruction of cutaneous vascular lesion (eg laser), less than 10 sq cm	Yes		TMPPM	4/1/2023	12/31/9999	
Medicaid/CHIP	17107	Destruction of cutaneous vascular lesion (eg laser), 10-50 sq cm	Yes		TMPPM	4/1/2023	12/31/9999	
Medicaid/CHIP	17108	Destruction of cutaneous vascular lesions 9eg laser), >50 sq cm	Yes		TMPPM	4/1/2023	12/31/9999	
Medicaid/CHIP	17380	Electrolysis epilation, each 30 minutes	Yes	Interqual	None	8/1/2013	12/31/9999	
Medicaid/CHIP	19300	Mastectomy for gynecomastia	Yes		Texas Medicaid Provider Procedures Manual - Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook: 9.2.42.2.3 Mastectomy for Pubertal Gynecomastia	1/1/2009	12/31/9999	

Medicaid/CHIP	19303	Mastectomy, simple, complete	Yes, No Prior Authorization Required if Breast Cancer Diagnosis is present and member is >age 17		TMPPM	4/1/2023	12/31/9999	
Medicaid/CHIP	19316	Mastopexy	Yes		Texas Medicaid Provider Procedures Manual - Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook: 9.2.42.3 Breast Reconstruction	1/1/2009	12/31/9999	
Medicaid/CHIP	19318	Reduction Mammaplasty	Yes		Texas Medicaid Provider Procedures Manual - Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook: 9.2.63.1 Prior Authorization for Reduction Mammaplasty	1/1/2009	12/31/9999	
Medicaid/CHIP	19325	Mammaplasty, Augmentation; W/Prosthetic Implant	Yes		Texas Medicaid Provider Procedures Manual - Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook: 9.2.42.3 Breast Reconstruction	1/1/2009	12/31/9999	
Medicaid/CHIP	19328	Removal, Intact Mammary Implant	Yes		Texas Medicaid Provider Procedures Manual - Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook: 9.2.42.3.2 Treatment for Complications of Breast Reconstruction	1/1/2009	12/31/9999	
Medicaid/CHIP	19330	Removal, Mammary Implant Matl	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	19340	Immediate Insertion, Breast Prosthesis Following Mastopexy, Mastectomy/In Reconstruction	Yes		Texas Medicaid Provider Procedures Manual - Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook: 9.2.42.3 Breast Reconstruction	1/1/2009	12/31/9999	

Medicaid/CHIP	19342	Delayed Insertion, Breast Prosthesis Following Mastopexy, Mastectomy/In Reconstruction	Yes		Texas Medicaid Provider Procedures Manual - Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook: 9.2.42.3 Breast Reconstruction	1/1/2009	12/31/9999	
Medicaid/CHIP	19350	Nipple/Areola Reconstruction	Yes		Texas Medicaid Provider Procedures Manual - Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook: 9.2.42.3 Breast Reconstruction	1/1/2009	12/31/9999	
Medicaid/CHIP	19355	Correction, Inverted Nipples	Yes		Texas Medicaid Provider Procedures Manual - Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook: 9.2.42.3 Breast Reconstruction	8/1/2013	12/31/9999	
Medicaid/CHIP	19357	Breast Reconstruction W/Tissue Expander, Immediate/Delayed, W/Subseq Expansion	Yes		Texas Medicaid Provider Procedures Manual - Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook: 9.2.42.3 Breast Reconstruction	1/1/2009	12/31/9999	
Medicaid/CHIP	19361	Breast reconstruction with latissimus dorsi flap, without prosthetic implant	Yes		Texas Medicaid Provider Procedures Manual - Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook: 9.2.42.3 Breast Reconstruction	1/1/2009	12/31/9999	
Medicaid/CHIP	19364	Breast Reconstruction W/Free Flap	Yes		Texas Medicaid Provider Procedures Manual - Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook: 9.2.42.3 Breast Reconstruction	1/1/2009	12/31/9999	
Medicaid/CHIP	19367	Breast Reconstruction W/Myocutaneous (Tram) Flap, Single Pedicle W/Closure Donor Site;	Yes		Texas Medicaid Provider Procedures Manual - Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook: 9.2.42.3 Breast Reconstruction	1/1/2009	12/31/9999	

Medicaid/CHIP	19368	Breast Reconstruction W/Myocutan (Tram) Flap, Single Pedicle W/Closure Donor Site; W/Microvasc Anast	Yes		Texas Medicaid Provider Procedures Manual - Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook: 9.2.42.3 Breast Reconstruction	1/1/2009	12/31/9999	
Medicaid/CHIP	19369	Breast Reconstruction W/Myocutaneous (Tram) Flap, Double Pedicle W/Closure Donor Site	Yes		Texas Medicaid Provider Procedures Manual - Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook: 9.2.42.3 Breast Reconstruction	1/1/2009	12/31/9999	
Medicaid/CHIP	19370	Open periprosthetic capsulotomy, breast	Yes		TMPPM	4/1/2023	12/31/9999	
Medicaid/CHIP	19371	Perisprosthetic capsulectomy, Breast	Yes		TMPPM	4/1/2023	12/31/9999	
Medicaid/CHIP	19380	Revision, Reconstructed Breast	Yes		Texas Medicaid Provider Procedures Manual - Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook: 9.2.42.3.2 Treatment for Complications of Breast Reconstruction	1/1/2009	12/31/9999	
Medicaid/CHIP	19396	Preparation, Moulage, Custom Breast Implant	Yes		Texas Medicaid Provider Procedures Manual - Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook: 9.2.42.3 Breast Reconstruction	1/1/2009	12/31/9999	
Medicaid/CHIP	20974	Electrical Stimulation To Aid Bone Healing; Noninvasive (Nonoperative)	Yes		None	8/1/2013	12/31/9999	

Medicaid/CHIP	20975	Electrical stimulation to aid bone healing, invasive (operative)	Yes	Interqual	TMPPM	4/1/2023	12/31/9999	
Medicaid/CHIP	20999	Unlisted procedure, musculoskeletal system, general	Yes		TMPPM	4/1/2023	12/31/9999	
Medicaid/CHIP	21060	Meniscectomy, Partial/Complete, Temporomandibular Joint (Sep Proc)	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	21120	Genioplasty, augmentation (autograft, allograft, prosthetic material)	Yes	Interqual	TMPPM	4/1/2023	12/31/9999	
Medicaid/CHIP	21121	Genioplasty, sliding osteotomy, single piece	Yes	Interqual	TMPPM	4/1/2023	12/31/9999	
Medicaid/CHIP	21122	Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	21123	Genioplasty, sliding, augmentation with bone grafts	Yes	Interqual	TMPPM	4/1/2023	12/31/9999	

Medicaid/CHIP	21125	Augmentation, mandibular body or angle, prosthetic material	Yes	Interqual	TMPPM	4/1/2023	12/31/9999	
Medicaid/CHIP	21127	Augmentation, Mandibular Body/Angle; W/Bone Graft/Onlay/Interpositional W/Obtaining Autograft	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	21137	Reduction Forehead; Contouring Only	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	21138	Reduction Forehead; Contouring/Prosthesis/Bone Graft W/Obtaining Autograft	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	21139	Reduction Forehead; Contouring & Setback, Anterior Frontal Sinus Wall	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	21141	Reconstruction midface, LeFort I; single piece, segment movement in any direction (eg, for Long Face Syndrome), without bone graft	Yes	Interqual	TMPPM	4/1/2023	12/31/9999	
Medicaid/CHIP	21142	Reconstruction midface, LeFort I; 2 pieces, segemntal moveement WO bone graft	Yes	Interqual	TMPPM	4/1/2023	12/31/9999	

Medicaid/CHIP	21143	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, without bone graft	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	21145	Reconstruction midface, LeFort I, single piece, segemntal moveemnt, req bone grafts	Yes	Interqual	TMPPM	4/1/2023	12/31/9999	
Medicaid/CHIP	21146	Reconstruction midface LeFort I, 2 pieces, segmental movement, req bone grafts	Yes	Interqual	TMPPM	4/1/2023	12/31/9999	
Medicaid/CHIP	21147	Reconstruction midface, LeFort I, 3 or more pieces, segmental moveemnt, req bone grafts	Yes	Interqual	TMPPM	4/1/2023	12/31/9999	
Medicaid/CHIP	21150	Reconstruction Midface, Lefort Ii; Anterior Intrusion	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	21151	Reconstruction Midface, Lefort Ii; W/Bone Grafts	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	21155	Reconstruction Midface, Lefort Iii, W/Bone Grafts; W/Lefort I	Yes	Interqual	None	1/1/2009	12/31/9999	

Medicaid/CHIP	21159	Reconstruction Midface, Lefort Iii, (Extra/Intracranial), W/Bone Grafts, W/O Lefort I	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	21160	Reconstruction Midface, Lefort Iii, (Extra/Intracranial), W/Bone Grafts, W/Lefort I	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	21172	Reconstruction Superior-Lateral Orbital Rim & Lower Forehead	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	21175	Reconstruction, Bifrontal,Superior-Lateral Orbital Rims & Lower Forehead	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	21179	Reconstruction, Majority, Forehead & Supraorbital Rims; W/Grafts (Allograft/Prosthetic)	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	21180	Reconstruction, Majority, Forehead & Supraorbital Rims; W/Autograft	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	21188	Reconstruction, midface, osteotomies (other than LeFort type), and bone grafts	Yes	Interqual	TMPPM	4/1/2023	12/31/9999	

Medicaid/CHIP	21193	Reconstruction, Mandibular Rami, Horizontal, Vertical, "C"/"L" Osteotomy; W/O Bone Graft	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	21194	Reconstruction, Mandibular Rami, Horizontal, Vertical, "C"/"L" Osteotomy; W/Bone Graft	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	21195	Reconstruction, Mandibular Rami &/Or Body, Sagittal Split; W/O Int Rigid Fixation	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	21196	Reconstruction, Mandibular Rami &/Or Body, Sagittal Split; W/Int Rigid Fixation	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	21198	Osteotomy, Mandible, Segmental	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	21199	Osteotomy, Mandible, Segmental; W/Genioglossus Advancement	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	21206	Osteotomy, Maxilla, Segmental	Yes	Interqual	None	1/1/2009	12/31/9999	

Medicaid/CHIP	21210	Graft, Bone; Nasal, Maxillary/Malar Areas (Includes Obtaining Graft)	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	21215	Graft, bone; mandible (includes obtaining gra	Yes	Interqual	TMPPM	4/1/2023	12/31/9999	
Medicaid/CHIP	21240	Arthroplasty, temporomandibular joint, with or without autograft	Yes	Interqual	TMPPM	4/1/2023	12/31/9999	
Medicaid/CHIP	21242	Arthroplasty, temporomandibular joint, with allogra	Yes	Interqual	TMPPM	4/1/2023	12/31/9999	
Medicaid/CHIP	21243	Arthroplasty, temporomandibular joint, with prosthetic joint replacem	Yes	Interqual	TMPPM	4/1/2023	12/31/9999	
Medicaid/CHIP	21244	Reconstruction of mandible, extraoral, with transosteal bone plate	Yes	Interqual	TMPPM	4/1/2023	12/31/9999	
Medicaid/CHIP	21245	Reconstruction of mandible or maxilla, subperiosteal implant; partial	Yes	Interqual	TMPPM	4/1/2023	12/31/9999	

Medicaid/CHIP	21246	Reconstruction of mandible or maxilla, subperiosteal implant; complete	Yes	Interqual	TMPPM	4/1/2023	12/31/9999	
Medicaid/CHIP	21247	Reconstruction of mandibular condyle with bone and cartilage autografts	Yes	Interqual	TMPPM	4/1/2023	12/31/9999	
Medicaid/CHIP	21255	Reconstruction, Zygomatic Arch/Glenoid Fossa W/Bone & Cartilage (Includes Obtaining Autografts)	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	21256	Reconstruction, Orbit W/Osteotomies & Bone Grafts (Includes Obtaining Autografts)	Yes	Interqual	None	8/1/2013	12/31/9999	
Medicaid/CHIP	21299	Unlisted craniofacial and maxillofacial procedure	Yes		Texas Medicaid Provider Procedures Manual-Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook: 9.2.50.1 Prior Authorization for Orthognathic Surgery	4/1/2023	12/31/9999	
Medicaid/CHIP	21685	Hyoid Myotomy and Suspension	Yes	Interqual	None	8/1/2013	12/31/9999	
Medicaid/CHIP	21740	Reconstructive Repair, Pectus Excavatum/Carinatum; Open	Yes	Interqual	None	8/1/2013	12/31/9999	

Medicaid/CHIP	21742	Reconstructive Repair, Pectus Excavatum/Carinatum; Minimal Invasive Approach, W/O Thoracoscopy	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	21743	Reconstructive Repair, Pectus Excavatum/Carinatum; Minimal Invasive Approach, W/Thoracoscopy	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	22510	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic	Yes	Interqual	None	1/1/2015	12/31/9999	
Medicaid/CHIP	22511	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral	Yes	Interqual	None	1/1/2015	12/31/9999	
Medicaid/CHIP	22512	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; each additional cervicothoracic or lumbosacral vertebral body (List separately in addition to code for primary procedure)	Yes	Interqual	None	1/1/2015	12/31/9999	
Medicaid/CHIP	22513	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; thoracic	Yes	Interqual	None	1/1/2015	12/31/9999	
Medicaid/CHIP	22514	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; lumbar	Yes	Interqual	None	1/1/2015	12/31/9999	

Medicaid/CHIP	22515	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)	Yes	Interqual	None	1/1/2015	12/31/9999	
Medicaid/CHIP	22526	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single le	Yes	Interqual	None	8/1/2013	12/31/9999	
Medicaid/CHIP	22527	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral, including fluoroscopic guidance; 1 or mor	Yes	Interqual	None	8/1/2013	12/31/9999	
Medicaid/CHIP	22532	Arthrodesis, lateral extracavitary technique, incl min discectomy, thoracic	Yes	Interqual	None	4/1/2023	12/31/9999	
Medicaid/CHIP	22533	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompr	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	22534	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompr	Yes	Interqual	None	4/6/2015	12/31/9999	
Medicaid/CHIP	22548	Arthrodesis, Anterior Transoral/Extraoral, Atlas-Axis, W/Wo Excision Odontoid Process	Yes	Interqual	None	12/1/2014	12/31/9999	

Medicaid/CHIP	22551	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2	Yes	Interqual	None	1/1/2011	12/31/9999	
Medicaid/CHIP	22552	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace (List separately in addition to code for separate procedure)	Yes	Interqual	None	1/1/2011	12/31/9999	
Medicaid/CHIP	22554	Arthrodesis, Anterior Interbody, W/Mininmal Diskectomy; Cervical Below C2	Yes	Interqual	None	12/1/2014	12/31/9999	
Medicaid/CHIP	22558	Arthrodesis, Anterior Interbody, W/Mininmal Diskectomy; Lumbar	Yes	Interqual	None	8/1/2013	12/31/9999	
Medicaid/CHIP	22585	Arthrodesis, Anterior Interbody, W/Mininmal Diskectomy; Add'l Interspace	Yes	Interqual	None	12/1/2014	12/31/9999	
Medicaid/CHIP	22586	Arthrodesis, pre-sacral interbody technique, w post instrumentation, w image guidance, L5-S1	Yes	Interqual	None	4/1/2023	12/31/9999	
Medicaid/CHIP	22590	Arthrodesis, Posterior Technique, Craniocervical	Yes	Interqual	None	12/1/2014	12/31/9999	

Medicaid/CHIP	22595	Arthrodesis, Posterior Technique, Atlas-Axis	Yes	Interqual	None	12/1/2014	12/31/9999	
Medicaid/CHIP	22600	Arthrodesis, posterior or posterolateral technique, single interspace; cervical below C2 segment	Yes	Interqual	None	12/1/2014	12/31/9999	
Medicaid/CHIP	22612	Arthrodesis, posterior or posterolateral technique, single interspace; lumbar (with lateral transverse technique, when performed)	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	22614	Arthrodesis, posterior or posterolateral technique, single interspace; each additional interspace (List separately in addition to code for primary procedure)	Yes	Interqual	None	12/1/2014	12/31/9999	
Medicaid/CHIP	22630	Arthrodesis, Post Interbody W/Laminectomy &/Or Diskect, Prep Interspace, Single Interspace; Lumbar	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	22632	Arthrodesis, Post Interbody W/Laminect &/Or Diskect, Prep Interspace, Sngl Intrspc; Add'l Interspc	Yes	Interqual	None	4/6/2015	12/31/9999	
Medicaid/CHIP	22633	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace; lumbar	Yes	Interqual	None	8/1/2013	12/31/9999	

Medicaid/CHIP	22634	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace; each additional interspace and segment (List separately in addition to code for primary procedure)	Yes	Interqual	None	8/1/2013	12/31/9999	
Medicaid/CHIP	22800	Arthrodesis, Posterior, Spinal Deformity, W/Wo Cast; Up To 6 Vertebral Segments	Yes	Interqual	None	11/1/2015	12/31/9999	
Medicaid/CHIP	22802	Arthrodesis, Posterior, Spinal Deformity, W/Wo Cast; 7 To 12 Vertebral Segments	Yes	Interqual	None	11/1/2015	12/31/9999	
Medicaid/CHIP	22804	Arthrodesis, Posterior, Spinal Deformity, W/Wo Cast; 13+ Vertebral Segments	Yes	Interqual	None	11/1/2015	12/31/9999	
Medicaid/CHIP	22808	Arthrodesis, Anterior, Spinal Deformity, W/Wo Cast; 2 To 3 Vertebral Segments	Yes	Interqual	None	11/1/2015	12/31/9999	
Medicaid/CHIP	22810	Arthrodesis, Anterior, Spinal Deformity, W/Wo Cast; 4 To 7 Vertebral Segments	Yes	Interqual	None	11/1/2015	12/31/9999	
Medicaid/CHIP	22812	Spinal Fixation, Wiring, Spinous Processes	Yes	Interqual	None	11/1/2015	12/31/9999	

Medicaid/CHIP	22818	Kyphectomy, Exposure Of Spine & Resection Vertebral Segments; 1-2 Segs	Yes	Interqual	None	11/1/2015	12/31/9999	
Medicaid/CHIP	22819	Kyphectomy, Exposure Of Spine & Resection Vertebral Segments; 3 / More	Yes	Interqual	None	11/1/2015	12/31/9999	
Medicaid/CHIP	22856	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	22861	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervica	Yes	Interqual	None	4/1/2023	12/31/9999	
Medicaid/CHIP	27096	SI Joint injection	Yes	Interqual	None	4/1/2023	12/31/9999	
Medicaid/CHIP	27120	Acetabuloplasty;	Yes	Interqual	None	7/1/2019	12/31/9999	
Medicaid/CHIP	27122	Acetabuloplasty; Resection, Femoral Head	Yes	Interqual	None	7/1/2019	12/31/9999	

Medicaid/CHIP	27125	Hemiarthroplasty, Hip, Partial	Yes	Interqual	None	5/1/2016	12/31/9999	
Medicaid/CHIP	27130	Arthroplasty, Acetabular/Proximal Femoral Prosthetic Replacement, W/Wo Autograft/Allograft	Yes	Interqual	None	5/1/2016	12/31/9999	
Medicaid/CHIP	27132	Conversion, Previous Hip Surgery To Total Hip Arthroplasty, W/Wo Autograft/Allograft	Yes	Interqual	None	5/1/2016	12/31/9999	
Medicaid/CHIP	27134	Revision, Total Hip Arthroplasty; Both Components, W/Wo Autograft/Allograft	Yes	Interqual	None	5/1/2016	12/31/9999	
Medicaid/CHIP	27138	Revision, Total Hip Arthroplasty; Femoral Component Only, W/Wo Allograft	Yes	Interqual	None	5/1/2016	12/31/9999	
Medicaid/CHIP	27278	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive, with image guidance, includes obtaining bone graft when performed, unilateral; placement of intra-articular device(s), without cortical piercing	Yes		TMPPM	4/1/2024	12/31/9999	
Medicaid/CHIP	27299	unlisted procedure, pelvis or hip	Yes	Interqual	None	4/1/2023	12/31/9999	

Medicaid/CHIP	27412	Autologous Chondrocyte Implantation, Knee	Yes	Interqual	None	8/1/2013	12/31/9999	
Medicaid/CHIP	27415	Osteochondral allograft, knee, open	Yes	Interqual	None	8/1/2013	12/31/9999	
Medicaid/CHIP	27416	Osteochondral autograft(s), knee, open (eg, mosaicplasty) (includes harvesting of autograft(s)	Yes	Interqual	None	8/1/2013	12/31/9999	
Medicaid/CHIP	27437	Arthroplasty, Patella; W/O Prosthesis	Yes	Interqual	None	7/1/2019	12/31/9999	
Medicaid/CHIP	27447	Arthroplasty, Knee, Condyle & Plateau; Medial & Lateral Compartments, W/Wo Patella Resurfacing	Yes	Interqual	None	5/1/2016	12/31/9999	
Medicaid/CHIP	27488	Removal, Knee Prosthesis, Methylmethacrylate W/Wo Spacer Insertion	Yes	Interqual	None	7/1/2019	12/31/9999	
Medicaid/CHIP	29866	Knee arthroscopy, mosaicplasty/osteochondral autograft	Yes	Interqual	None	4/1/2023	12/31/9999	

Medicaid/CHIP	29867	knee arthroscopy, mosaicplasty, osteochondral allograft	Yes	Interqual	None	4/1/2023	12/31/9999	
Medicaid/CHIP	29877	Arthroscopy, Knee, Surgical; Debridement/Shaving, Articular Cartilage (Chondroplasty)	Yes	Interqual	None	4/1/2016	12/31/9999	
Medicaid/CHIP	29879	Arthroscopy, Knee, Surgical; Abrasion Arthroplasty (W/Chondroplasty)/Multiple Drilling/Microfx	Yes	Interqual	None	4/1/2016	12/31/9999	
Medicaid/CHIP	29884	Arthroscopy, Knee, Surgical; W/Lysis, Adhesions, W/Wo Manipulation (Sep Proc)	Yes	Interqual	None	4/1/2016	12/31/9999	
Medicaid/CHIP	29885	Arthroscopy, Knee, Surgical; Drill, Osteochondritis Dissecans W/Bone Graft, W/Wo Int/Ext Fixation	Yes	Interqual	None	4/1/2016	12/31/9999	
Medicaid/CHIP	29886	Arthroscopy, Knee, Surgical; Drilling, Intact Osteochondritis Dissecans Lesion	Yes	Interqual	None	4/1/2016	12/31/9999	
Medicaid/CHIP	29887	Arthroscopy, Knee, Surgical; Drilling, Intact Osteochondritis Dissecans Lesion W/Int Fixation	Yes	Interqual	None	4/1/2016	12/31/9999	

Medicaid/CHIP	30400	Rhinoplasty, Primary; Lateral & Alar Cartilages &/Or Elevation, Nasal Tip	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	30410	Rhinoplasty, Primary; Complete, Ext Parts W/Bony Pyramid, Lat & Alar Cartilages &/Or Elev Nasal Tip	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	30420	Rhinoplasty, Primary; W/Major Septal Repair	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	30430	Rhinoplasty, Secondary; Minor Revision (Small Amount, Nasal Tip Work)	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	30435	Rhinoplasty, Secondary; Intermediate Revision (Bony Work W/Osteotomies)	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	30450	Rhinoplasty, Secondary; Major Revision (Nasal Tip Work & Osteotomies)	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	30520	Septoplasty/Submucous Resection W/Wo Cartilage Scoring/Contouring/Graft	Yes	Interqual	None	1/1/2009	12/31/9999	

Medicaid/CHIP	30999	Unlisted Proc, Nose	Yes	Interqual	None	4/1/2021	12/31/9999	
Medicaid/CHIP	31200	Ethmoidectomy; Intranasal, Anterior	Yes	Interqual	None	8/1/2013	12/31/9999	
Medicaid/CHIP	31201	Ethmoidectomy; Intranasal, Total	Yes	Interqual	None	8/1/2013	12/31/9999	
Medicaid/CHIP	31205	Ethmoidectomy; Extranasal, Total	Yes	Interqual	None	8/1/2013	12/31/9999	
Medicaid/CHIP	32491	Removal of lung, other than pneumonectomy; with resection- plication of emphysematous lung(s) (bullous or non-bullous) for lung volume reduction, sternal split or transthoracic approach, includes any pleural procedure, when performed	Yes	Interqual	None	8/1/2013	12/31/9999	
Medicaid/CHIP	32672	Thoracoscopy, surgical; with resection-plication for emphysematous lung (bullous or non-bullous) for lung volume reduction (LVRS), unilateral includes any pleural procedure, when performed	Yes	Interqual	None	8/1/2013	12/31/9999	
Medicaid/CHIP	32701	Thoracic target(s) delineation for stereotactic body radiation therapy (SRS/SBRT), (photon or particle beam), entire course of treatment	Yes	Interqual	None	9/1/2017	12/31/9999	

Medicaid/CHIP	32851	Lung Transplant, Single; W/O Cardiopulmonary Bypass	Yes		TMPPM: Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook 1 General Information	1/1/2009	12/31/9999	
Medicaid/CHIP	32852	Lung Transplant, Single; W/Cardiopulmonary Bypass	Yes		TMPPM: Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook 1 General Information	1/1/2009	12/31/9999	
Medicaid/CHIP	32853	Lung Transplant, Double (Bilat Sequential/En Bloc); W/O Cardiopulmonary Bypass	Yes		TMPPM: Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook 1 General Information	1/1/2009	12/31/9999	
Medicaid/CHIP	32854	Lung Transplant, Double (Bilat Sequential/En Bloc); W/Cardiopulmonary Bypass	Yes		TMPPM: Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook 1 General Information	1/1/2009	12/31/9999	
Medicaid/CHIP	33276	Insertion of phrenic nerve stimulator system (pulse generator and stimulating lead [s]), including vessel catheterization, all imaging guidance, and pulse generator initial analysis with diagnostic mode activation, when performed	Yes		TMPPM	4/1/2024	12/31/9999	
Medicaid/CHIP	33277	Insertion of phrenic nerve stimulator transvenous sensing lead (List separately in addition to code for primary procedure)	Yes		TMPPM	4/1/2024	12/31/9999	
Medicaid/CHIP	33278	Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; system, including pulse generator and lead(s)	Yes		TMPPM	4/1/2024	12/31/9999	

Medicaid/CHIP	33279	Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; transvenous stimulation or sensing lead(s) only	Yes		TMPPM	4/1/2024	12/31/9999	
Medicaid/CHIP	33280	Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; pulse generator only	Yes		TMPPM	4/1/2024	12/31/9999	
Medicaid/CHIP	33281	Repositioning of phrenic nerve stimulator transvenous lead(s)	Yes		TMPPM	4/1/2024	12/31/9999	
Medicaid/CHIP	33287	Removal and replacement of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; pulse generator	Yes		TMPPM	4/1/2024	12/31/9999	
Medicaid/CHIP	33288	Removal and replacement of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; transvenous stimulation or sensing lead(s)	Yes		TMPPM	4/1/2024	12/31/9999	
Medicaid/CHIP	33340	Left atrial occlusion procedure, eg Watchmann	Yes	Interqual	None	4/1/2023	12/31/9999	
Medicaid/CHIP	33361	TAVR with prosthetic valve, percutaneous femoral artery approach	Yes	Interqual	None	4/1/2023	12/31/9999	

Medicaid/CHIP	33362	TAVR with prosthetic valve, open femoral artery approach	Yes	Interqual	None	4/1/2023	12/31/9999	
Medicaid/CHIP	33363	TAVR with prothetic valve, open axillary artery approach	Yes	Interqual	None	4/1/2023	12/31/9999	
Medicaid/CHIP	33364	TAVR with prosthetic valve, open iliac artery appraoch	Yes	Interqual	None	4/1/2023	12/31/9999	
Medicaid/CHIP	33365	TAVR with prosthetic valvbe, transaortic approach (eg median sternotomy or mediastinotomy)	Yes	Interqual	None	4/1/2023	12/31/9999	
Medicaid/CHIP	33366	Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; transapical exposure (eg, left thoracotomy)	Yes	Interqual	None	1/1/2014	12/31/9999	
Medicaid/CHIP	33477	Transcatheter pulmonary valve implantation, percutaneous approach, including pre-stenting of the valve delivery site, when performed	Yes	Interqual	None	1/1/2016	12/31/9999	
Medicaid/CHIP	33509	Harvest of upper extremity artery, 1 segment, for coronary artery bypass procedure, endoscopic	Yes		None	9/1/2022	12/31/9999	

Medicaid/CHIP	33510	Coronary Artery Bypass Graft, vein, single coronary venous graft	Yes	Interqual	None	4/1/2023	12/31/9999	
Medicaid/CHIP	33511	Coronary Artery Bypass Graft, vein, 2 grafts	Yes	Interqual	None	4/1/2023	12/31/9999	
Medicaid/CHIP	33512	Coronry Artery Bypass Graft, vein, 3 grafts	Yes	Interqual	None	4/1/2023	12/31/9999	
Medicaid/CHIP	33513	Coronary Artery Bypass Grafft, Vein, 4 grafts	Yes	Interqual	None	4/1/2023	12/31/9999	
Medicaid/CHIP	33514	Coronary Artery Graft, vein, 5 grafts	Yes	Interqual	None	4/1/2023	12/31/9999	
Medicaid/CHIP	33516	Coronary Artery Bypass Graft, vein, 6 or more grafts	Yes	Interqual	None	4/1/2023	12/31/9999	
Medicaid/CHIP	33533	Coronary Artery Bypass Graft, arterial, single arterial graft	Yes	Interqual	None	4/1/2023	12/31/9999	

Medicaid/CHIP	33534	Coronary Artery Bypass Graft, arterial, 2 arterial grafts	Yes	Interqual	None	4/1/2023	12/31/9999	
Medicaid/CHIP	33535	Coronary Artery Bypass Graft, Arterial, 3 arterial grafts	Yes	Interqual	None	4/1/2023	12/31/9999	
Medicaid/CHIP	33536	Coronary Artery Bypass Graft, Arterial, 4 or more arterial grafts	Yes	Interqual	None	4/1/2023	12/31/9999	
Medicaid/CHIP	33935	Heart-Lung Transplant W/Recipient Cardiectomy-Pneumonectomy	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	33945	Heart Transplant, W/Wo Recipient Cardiectomy	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	33975	Insertion, Ventricular Assist Device; Extracorporeal, Single Ventricle	Yes	Interqual	None	8/1/2013	12/31/9999	
Medicaid/CHIP	33976	Insertion, Ventricular Assist Device; Extracorporeal, Biventricular	Yes	Interqual	None	8/1/2013	12/31/9999	

Medicaid/CHIP	33979	Insertion, Ventricular Assist Device, Implantable Intracorporeal, Single Ventricle	Yes	Interqual	None	8/1/2013	12/31/9999	
Medicaid/CHIP	33981	Replacement of extracorporeal ventricular assist device, single or biventricular, pump(s), single or each pump	Yes	Interqual	None	8/1/2013	12/31/9999	
Medicaid/CHIP	33982	Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, without cardiopulmonary	Yes	Interqual	None	8/1/2013	12/31/9999	
Medicaid/CHIP	33983	Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, with cardiopulmonary byp	Yes	Interqual	None	8/1/2013	12/31/9999	
Medicaid/CHIP	33990	Insertion of ventricular device, percutaneous, incl radiological spvsn & interpretation, arterial access only	Yes	Interqual	None	4/1/2023	12/31/9999	
Medicaid/CHIP	33991	Insertion of ventricular device, percutaneous, incl radiological spvsn & interpretation, both arterial and venous access, with transpetal puncture	Yes	Interqual	None	4/1/2023	12/31/9999	
Medicaid/CHIP	33995	Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; right heart, venous access only	Yes	Interqual	None	4/1/2021	12/31/9999	

Medicaid/CHIP	36465	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; single incompetent extremity truncal vein (eg, great saphenous vein, accessory saphenous vein)	Yes	Interqual	None	1/1/2018	12/31/9999	
Medicaid/CHIP	36466	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; multiple incompetent truncal veins (eg, great saphenous vein, accessory saphenous vein), same leg	Yes	Interqual	None	1/1/2018	12/31/9999	
Medicaid/CHIP	36470	Injection of sclerosant; single incompetent vein (other than telangiectasia)	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	36471	Injection of sclerosant; multiple incompetent veins (other than telangiectasia), same leg	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	36475	Endovenous Ablation Therapy Of Incompetent Vein, Extremity, Percutaneous, Radiofrequency; First Vein Treated	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	36476	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein (s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	36478	Endovenous Ablation Therapy Of Incompetent Vein, Extremity, Percutaneous, Laser; First Vein Treated	Yes	Interqual	None	1/1/2009	12/31/9999	

Medicaid/CHIP	36479	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	37243	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction	Yes	Interqual	None	9/1/2016	12/31/9999	
Medicaid/CHIP	37254	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, initial vessel	Yes		TMPPM	4/1/2026	12/31/9999	
Medicaid/CHIP	37255	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)	Yes		TMPPM	4/1/2026	12/31/9999	
Medicaid/CHIP	37256	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, initial vessel	Yes		TMPPM	4/1/2026	12/31/9999	
Medicaid/CHIP	37257	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)	Yes		TMPPM	4/1/2026	12/31/9999	
Medicaid/CHIP	37258	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel	Yes		TMPPM	4/1/2026	12/31/9999	

Medicaid/CHIP	37259	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)	Yes		TMPPM	4/1/2026	12/31/9999	
Medicaid/CHIP	37260	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel	Yes		TMPPM	4/1/2026	12/31/9999	
Medicaid/CHIP	37261	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)	Yes		TMPPM	4/1/2026	12/31/9999	
Medicaid/CHIP	37262	Intravascular lithotripsy(ies), iliac vascular territory, including all imaging guidance and radiological supervision and interpretation necessary to perform the intravascular lithotripsy(ies) within the same artery (List separately in addition to code for primary procedure)	Yes		TMPPM	4/1/2026	12/31/9999	
Medicaid/CHIP	37263	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, initial vessel	Yes		TMPPM	4/1/2026	12/31/9999	
Medicaid/CHIP	37264	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)	Yes		TMPPM	4/1/2026	12/31/9999	
Medicaid/CHIP	37265	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, initial vessel	Yes		TMPPM	4/1/2026	12/31/9999	

Medicaid/CHIP	37266	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)	Yes		TMPPM	4/1/2026	12/31/9999	
Medicaid/CHIP	37267	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel	Yes		TMPPM	4/1/2026	12/31/9999	
Medicaid/CHIP	37268	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)	Yes		TMPPM	4/1/2026	12/31/9999	
Medicaid/CHIP	37269	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel	Yes		TMPPM	4/1/2026	12/31/9999	
Medicaid/CHIP	37270	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)	Yes		TMPPM	4/1/2026	12/31/9999	
Medicaid/CHIP	37271	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel	Yes		TMPPM	4/1/2026	12/31/9999	
Medicaid/CHIP	37272	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)	Yes		TMPPM	4/1/2026	12/31/9999	

Medicaid/CHIP	37273	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel	Yes		TMPPM	4/1/2026	12/31/9999	
Medicaid/CHIP	37274	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)	Yes		TMPPM	4/1/2026	12/31/9999	
Medicaid/CHIP	37275	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel	Yes		TMPPM	4/1/2026	12/31/9999	
Medicaid/CHIP	37276	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)	Yes		TMPPM	4/1/2026	12/31/9999	
Medicaid/CHIP	37277	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel	Yes		TMPPM	4/1/2026	12/31/9999	
Medicaid/CHIP	37278	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)	Yes		TMPPM	4/1/2026	12/31/9999	
Medicaid/CHIP	37279	Intravascular lithotripsy(ies), femoral and popliteal vascular territory, including all imaging guidance and radiological supervision and interpretation necessary to perform the intravascular lithotripsy(ies) within the same artery (List separately in addition to code for primary procedure)	Yes		TMPPM	4/1/2026	12/31/9999	

Medicaid/CHIP	37280	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, initial vessel	Yes		TMPPM	4/1/2026	12/31/9999	
Medicaid/CHIP	37281	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)	Yes		TMPPM	4/1/2026	12/31/9999	
Medicaid/CHIP	37282	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, initial vessel	Yes		TMPPM	4/1/2026	12/31/9999	
Medicaid/CHIP	37283	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)	Yes		TMPPM	4/1/2026	12/31/9999	
Medicaid/CHIP	37284	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel	Yes		TMPPM	4/1/2026	12/31/9999	
Medicaid/CHIP	37285	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)	Yes		TMPPM	4/1/2026	12/31/9999	
Medicaid/CHIP	37286	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel	Yes		TMPPM	4/1/2026	12/31/9999	

Medicaid/CHIP	37287	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)	Yes		TMPPM	4/1/2026	12/31/9999	
Medicaid/CHIP	37288	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel	Yes		TMPPM	4/1/2026	12/31/9999	
Medicaid/CHIP	37289	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)	Yes		TMPPM	4/1/2026	12/31/9999	
Medicaid/CHIP	37290	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel	Yes		TMPPM	4/1/2026	12/31/9999	
Medicaid/CHIP	37291	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)	Yes		TMPPM	4/1/2026	12/31/9999	
Medicaid/CHIP	37292	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel	Yes		TMPPM	4/1/2026	12/31/9999	
Medicaid/CHIP	37293	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)	Yes		TMPPM	4/1/2026	12/31/9999	

Medicaid/CHIP	37294	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel	Yes		TMPPM	4/1/2026	12/31/9999	
Medicaid/CHIP	37295	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)	Yes		TMPPM	4/1/2026	12/31/9999	
Medicaid/CHIP	37296	Revascularization, endovascular, open or percutaneous, inframalleolar vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, initial vessel	Yes		TMPPM	4/1/2026	12/31/9999	
Medicaid/CHIP	37297	Revascularization, endovascular, open or percutaneous, inframalleolar vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)	Yes		TMPPM	4/1/2026	12/31/9999	
Medicaid/CHIP	37298	Revascularization, endovascular, open or percutaneous, inframalleolar vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, initial vessel	Yes		TMPPM	4/1/2026	12/31/9999	
Medicaid/CHIP	37299	Revascularization, endovascular, open or percutaneous, inframalleolar vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)	Yes		TMPPM	4/1/2026	12/31/9999	

Medicaid/CHIP	37799	Unlisted procedure, vascular surgery	Yes	Interqual	None	4/1/2023	12/31/9999	
Medicaid/CHIP	38206	Blood-Derived Hematopoietic Progenitor Cell Harvesting, Transplantation/Collection; Autologous	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	38225	Chimeric antigen receptor T-cell (CAR-T) therapy; harvesting of blood-derived T lymphocytes for development of genetically modified autologous CAR-T cells, per day	Yes		TMPPM	4/1/2025	12/31/9999	
Medicaid/CHIP	38226	Chimeric antigen receptor T-cell (CAR-T) therapy; preparation of blood-derived T lymphocytes for transportation (eg, cryopreservation, storage)	Yes		TMPPM	4/1/2025	12/31/9999	
Medicaid/CHIP	38227	Chimeric antigen receptor T-cell (CAR-T) therapy; receipt and preparation of CAR-T cells for administration	Yes		TMPPM	4/1/2025	12/31/9999	
Medicaid/CHIP	38228	Chimeric antigen receptor T-cell (CAR-T) therapy; CAR-T cell administration, autologous	Yes		TMPPM	4/1/2025	12/31/9999	
Medicaid/CHIP	38232	Bone Marrow Harvesting For Transplantation; Autologous	Yes	Interqual	None	1/1/2012	12/31/9999	

Medicaid/CHIP	38240	Hematopoietic progenitor cell (HPC); allogeneic transplantation per donor	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	38241	Hematopoietic progenitor cell (HPC); autologous transplantation	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	38242	Allogeneic lymphocyte infusions	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	38243	Hematopoietic progenitor cell (HPC); HPC boost	Yes	Interqual	None	1/1/2013	12/31/9999	
Medicaid/CHIP	42145	Palatopharyngoplasty	Yes	Interqual	None	8/1/2013	12/31/9999	
Medicaid/CHIP	42299	Unlisted procedure, palate or uvula	Yes		Texas Medicaid Provider Procedures Manual-Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook: 9.4.2.1 Additional Payable Procedure Codes	4/1/2023	12/31/9999	
Medicaid/CHIP	43499	Unlisted Proc, Esophagus	Yes	Interqual	None	9/1/2017	12/31/9999	

Medicaid/CHIP	43644	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less)	Yes	Interqual	None	9/1/2022	12/31/9999	
Medicaid/CHIP	43645	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption	Yes	Interqual	None	9/1/2022	12/31/9999	
Medicaid/CHIP	43647	Laparoscopy, surgical; implantation or replacement of gastric neurostimulator electrodes, antrum	Yes	Interqual	None	8/1/2013	12/31/9999	
Medicaid/CHIP	43659	Unlisted laparoscopy procedure, stomach	Yes	Interqual	None	9/1/2022	12/31/9999	
Medicaid/CHIP	43770	Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (eg, gastric band and subcutaneous port components)	Yes	Interqual	None	9/1/2022	12/31/9999	
Medicaid/CHIP	43771	Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric restrictive device component only	Yes	Interqual	None	9/1/2022	12/31/9999	
Medicaid/CHIP	43772	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device component only	Yes		Texas Medicaid Provider Procedures Manual - Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook: 9.2.8 Bariatric Surgery	1/1/2009	12/31/9999	

Medicaid/CHIP	43773	Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric restrictive device component only	Yes	Interqual	None	9/1/2022	12/31/9999	
Medicaid/CHIP	43774	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device and subcutaneous port components	Yes	Interqual	None	9/1/2022	12/31/9999	
Medicaid/CHIP	43775	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)	Yes	Interqual	None	9/1/2022	12/31/9999	
Medicaid/CHIP	43842	Gastric Restrictive Proc, W/O Gastric Bypass, Morbid Obesity; Vertical-Banded Gastroplasty	Yes		Texas Medicaid Provider Procedures Manual - Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook: 9.2.8 Bariatric Surgery	1/1/2009	12/31/9999	
Medicaid/CHIP	43843	Gastric restrictive procedure, without gastric bypass, for morbid obesity; other than vertical-banded gastroplasty	Yes	Interqual	None	9/1/2022	12/31/9999	
Medicaid/CHIP	43845	Gastric Stapling Morbid Obesity	Yes		Texas Medicaid Provider Procedures Manual - Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook: 9.2.8 Bariatric Surgery	1/1/2009	12/31/9999	
Medicaid/CHIP	43846	Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150 cm or less) Roux-en-Y gastroenterostomy	Yes	Interqual	None	9/1/2022	12/31/9999	

Medicaid/CHIP	43847	Gastric restrictive procedure, with gastric bypass for morbid obesity; with small intestine reconstruction to limit absorption	Yes		TMPPM	4/1/2023	12/31/9999	
Medicaid/CHIP	43848	Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric restrictive device (separate procedure)	Yes		TMPPM	4/1/2023	12/31/9999	
Medicaid/CHIP	43881	Implantation or replacement of gastric neurostimulator electrodes, antrum, open	Yes		TMPPM	4/1/2023	12/31/9999	
Medicaid/CHIP	43886	Gastric restrictive procedure, open; revision of subcutaneous port component only	Yes	Interqual	None	9/1/2022	12/31/9999	
Medicaid/CHIP	43887	Gastric restrictive procedure, open; removal of subcutaneous port component only	Yes	Interqual	None	9/1/2022	12/31/9999	
Medicaid/CHIP	43888	Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only	Yes	Interqual	None	9/1/2022	12/31/9999	
Medicaid/CHIP	43999	Unlisted procedure, stomach	Yes	Interqual	None	4/1/2023	12/31/9999	

Medicaid/CHIP	44135	Intestinal Allotransplantation; From Cadaver Donor	Yes	Interqual	None	8/1/2013	12/31/9999	
Medicaid/CHIP	44136	Intestinal Allotransplantation; From Living Donor	Yes		None	8/1/2013	12/31/9999	
Medicaid/CHIP	47133	Donor Hepatectomy, W/Preparation & Maintenance, Allograft; Cadaver Donor	Yes	Interqual	None	8/1/2013	12/31/9999	
Medicaid/CHIP	47135	Liver Allotransplantation; Orthotopic, Partial/Whole, Cadaver/Living Donor, Any Age	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	47399	Unlisted procedure, liver	Yes	Interqual	None	4/1/2023	12/31/9999	
Medicaid/CHIP	47999	Unlisted Proc, Biliary Tract	Yes	Interqual	None	9/1/2017	12/31/9999	
Medicaid/CHIP	48160	Pancreatectomy, Total/Subtotal W/Autologous Transplantation Pancreas/Pancreatic Islets	Yes	Interqual	None	9/1/2005	12/31/9999	

Medicaid/CHIP	48554	Transplantation, Pancreatic Allograft	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	48999	Unlisted procedure, pancreas	Yes	Interqual	None	4/1/2023	12/31/9999	
Medicaid/CHIP	50340	Recipient Nephrectomy (Sep Proc)	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	50360	Renal Allotransplantation, Implantation, Graft; W/O Donor & Recipient Nephrectomy	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	50365	Renal Allotransplantation, Implantation, Graft; W/Recipient Nephrectomy	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	50380	Renal autotransplantation, reimplantation of kidney	Yes		TMPPM	4/1/2023	12/31/9999	
Medicaid/CHIP	52597	Transurethral water jet ablation of prostate	Yes		TMPPM	4/1/2026	12/31/9999	

Medicaid/CHIP	53899	Unlisted procedure, urinary system	Yes	Interqual	None	4/1/2023	12/31/9999	
Medicaid/CHIP	54660	Insertion of testicular prosthesis	Yes		TMPPM	4/1/2023	12/31/9999	
Medicaid/CHIP	55899	Unlisted Proc, Male Genital System	Yes	Interqual	None	9/1/2017	12/31/9999	
Medicaid/CHIP	56805	Clitoroplasty, Intersex State	Yes	Interqual	None	8/1/2013	12/31/9999	
Medicaid/CHIP	57291	Construction, Artificial Vagina; W/O Graft	Yes		None	8/1/2013	12/31/9999	
Medicaid/CHIP	57292	Construction, Artificial Vagina; W/Graft	Yes		None	8/1/2013	12/31/9999	
Medicaid/CHIP	57335	Vaginoplasty, Intersex State	Yes	Interqual	None	8/1/2013	12/31/9999	

Medicaid/CHIP	58578	Unlisted laparoscopy, uterus	Yes		Texas Medicaid Provider Procedures Manual-Gynecological, Obstetrics, and Family Planning Title XIX Services Handbook: 6.3 Laparoscopic Procedures	4/1/2023	12/31/9999	
Medicaid/CHIP	59897	Unlisted fetal invasive procedure, incl us guidance, when performed	Yes		Texas Medicaid Provider Procedures Manual-Gynecological, Obstetrics, and Family Planning Title XIX Services Handbook: 4.1.7 Other Maternity Care and Delivery Services	4/1/2023	12/31/9999	
Medicaid/CHIP	61720	Creation, Lesion, Stereotactic W/Burr Hole(S), Single/Multiple; Globus Pallidus/Thalamus	Yes	Interqual	None	8/1/2013	12/31/9999	
Medicaid/CHIP	61736	Laser interstitial thermal therapy (LITT) of lesion, intracranial, including burr hole (s), with magnetic resonance imaging guidance, when performed; single trajectory for 1 simple lesion	Yes		None	9/1/2022	12/31/9999	
Medicaid/CHIP	61737	Laser interstitial thermal therapy (LITT) of lesion, intracranial, including burr hole (s), with magnetic resonance imaging guidance, when performed; multiple trajectories for multiple or complex lesion(s)	Yes		None	9/1/2022	12/31/9999	
Medicaid/CHIP	61796	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple cranial lesion	Yes	Interqual	None	8/1/2013	12/31/9999	
Medicaid/CHIP	61797	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, simple (Lis	Yes		None	8/1/2013	12/31/9999	

Medicaid/CHIP	61798	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion	Yes	Interqual	None	8/1/2013	12/31/9999	
Medicaid/CHIP	61799	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, complex (Li	Yes		None	9/1/2017	12/31/9999	
Medicaid/CHIP	61800	Application of stereotactic headframe for stereotactic radiosurgery (List separately in addition to code for primary pro	Yes		None	8/1/2013	12/31/9999	
Medicaid/CHIP	61850	Twist Drill/Burr Hole(S), Implantation, Neurostimulator Electrodes, Cortical	Yes	Interqual	None	4/6/2015	12/31/9999	
Medicaid/CHIP	61860	Craniectomy/Craniotomy, Implantation, Neurostimulator Electrodes, Cerebral, Cortical	Yes	Interqual	None	4/6/2015	12/31/9999	
Medicaid/CHIP	61863	Burr Hole Craniotomy with Implantation of Subcortical Electrode Array, wo Intraop Microelectrode Recording; First Array	Yes	Interqual	None	8/1/2013	12/31/9999	
Medicaid/CHIP	61864	Burr Hole Craniotomy w Implantation of Subcortical Electrode Array, wo Intraop Microelectrode Recording; ea addl Array	Yes		None	8/1/2013	12/31/9999	

Medicaid/CHIP	61867	Burr Hole Craniotomy with Implantation of Subcortical Electrode Array, w Intraop Microelectrode Recording; First Array	Yes	Interqual	None	8/1/2013	12/31/9999	
Medicaid/CHIP	61868	Burr Hole Craniotomy w Implantation of Subcortical Electrode Array, w Intraop Microelectrode Recording; ea addl Array	Yes		None	8/1/2013	12/31/9999	
Medicaid/CHIP	61885	Subq Placement Cranial Neurostimulator Pulse Generator/Receiver; W/Connection Sngle Electrod Array	Yes	Interqual	None	8/1/2013	12/31/9999	
Medicaid/CHIP	61886	Subq Placement Cranial Neurostimulator Pulse Generator/Receiver; W/Connection 2+ Electrode Arrays	Yes		Texas Medicaid Provider Procedures Manual - Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook: 9.2.43.13.1 Prior Authorization for VNS	8/1/2013	12/31/9999	
Medicaid/CHIP	62287	Decompression, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle-based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar	Yes	Interqual		4/1/2023	12/31/9999	
Medicaid/CHIP	62320	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance	Yes	Interqual	None	1/1/2017	12/31/9999	
Medicaid/CHIP	62321	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)	Yes	Interqual	None	1/1/2017	12/31/9999	

Medicaid/CHIP	62322	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance	Yes	Interqual	None	1/1/2017	12/31/9999	
Medicaid/CHIP	62323	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)	Yes	Interqual	None	1/1/2017	12/31/9999	
Medicaid/CHIP	62324	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance, not incl neurolytic substance, interlaminar, epidural or subarachnoid, cervic al or thoracic WO imaging guidance	Yes	Interqual	None	4/1/2023	12/31/9999	
Medicaid/CHIP	62325	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)	Yes	Interqual	None	4/1/2023	12/31/9999	
Medicaid/CHIP	62326	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance	Yes	Interqual	None	4/1/2023	12/31/9999	
Medicaid/CHIP	62327	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)	Yes	Interqual	None	4/1/2023	12/31/9999	
Medicaid/CHIP	62350	mplantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; without laminectomy	Yes	Interqual	TMPPM	4/1/2023	12/31/9999	

Medicaid/CHIP	62351	Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable	Yes	Interqual	TMPPM	4/1/2023	12/31/9999	
Medicaid/CHIP	62360	Implantation or replacement of device for intrathecal or epidural drug infusion; subcut reservoir	Yes	Interqual	TMPPM	4/1/2023	12/31/9999	
Medicaid/CHIP	62361	Implantation or replacement of device for intrathecal or epidural drug infusion; nonprogrammable pump	Yes	Interqual	TMPPM	4/1/2023	12/31/9999	
Medicaid/CHIP	62362	Implantation or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, with or without programming	Yes	Interqual	TMPPM	4/1/2023	12/31/9999	
Medicaid/CHIP	62380	Spinal decompression lumbar	Yes	Interqual	None	4/1/2023	12/31/9999	
Medicaid/CHIP	63001	Spinal decompression cervical	Yes	Interqual	None	4/1/2023	12/31/9999	
Medicaid/CHIP	63003	Spinal decompression thoracic	Yes	Interqual	None	4/1/2023	12/31/9999	

Medicaid/CHIP	63005	Laminectomy W/O Facetectomy/Foraminotomy/Diskectomy, 1/2 Segments; Lumbar	Yes	Interqual	None	8/1/2013	12/31/9999	
Medicaid/CHIP	63012	Laminectomy W/Removal, Abnormal Facets, Lumbar	Yes	Interqual	None	8/1/2013	12/31/9999	
Medicaid/CHIP	63015	Laminectomy w exploration +/- decompression, more than 2 segments, cervical	Yes	Interqual	None	4/1/2023	12/31/9999	
Medicaid/CHIP	63017	Laminectomy W/O Facetectomy/Foraminotomy/Diskectomy, > 2 Segments; Lumbar	Yes	Interqual	None	8/1/2013	12/31/9999	
Medicaid/CHIP	63020	Laminotomy w decompression,1 interspace, cervical	Yes	Interqual	None	4/1/2023	12/31/9999	
Medicaid/CHIP	63030	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar	Yes	Interqual	None	8/1/2013	12/31/9999	
Medicaid/CHIP	63032	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; with repair of annular defect by implantation of bone-anchored annular closure device, including all imaging guidance, 1 interspace, lumbar (List separately in addition to code for primary procedure)	Yes		TMPPM	4/1/2026	12/31/9999	

Medicaid/CHIP	63035	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; each additional interspace, cervical or lumbar (List separately in addition to code for primary procedure)	Yes	Interqual	None	8/1/2013	12/31/9999	
Medicaid/CHIP	63040	Laminotomy w decompression +/or excision of disc, single interspace, cervical	Yes	Interqual	None	4/1/2023	12/31/9999	
Medicaid/CHIP	63042	Laminotomy W/Partl Facetectomy/Foraminotomy/Herniated Diskect, Re-Explor, Sngle Interspc; Lumbar	Yes	Interqual	None	8/1/2013	12/31/9999	
Medicaid/CHIP	63044	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or ex	Yes	Interqual	None	4/6/2015	12/31/9999	
Medicaid/CHIP	63045	Laminectomy. facetectomy & Foraminotomy, 1 Segment; cervical	Yes	Interqual	None	4/1/2023	12/31/9999	
Medicaid/CHIP	63046	Laminectomy, facetectomy, & foraminotomy, 1 segement, thoracic	Yes	Interqual	None	4/1/2023	12/31/9999	
Medicaid/CHIP	63047	Laminectomy. Facetectomy & Foraminotomy, 1 Segment; Lumbar	Yes	Interqual	None	8/1/2013	12/31/9999	

Medicaid/CHIP	63048	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)	Yes	Interqual	None	4/6/2015	12/31/9999	
Medicaid/CHIP	63050	Laminoplasty, cervical, W decompression, 2 or more vertebral segements	Yes	Interqual	None	4/1/2023	12/31/9999	
Medicaid/CHIP	63051	Laminoplasty, cervical, W decompression, 2 or more vertebral segments, W reconstruction of the posterior bony elements	Yes	Interqual	None	4/1/2023	12/31/9999	
Medicaid/CHIP	63052	Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [eg, spinal or lateral recess stenosis]), during posterior interbody arthrodesis, lumbar; single vertebral segment (List separately in addition to code for primary procedure)	Yes	Interqual	None	9/1/2022	12/31/9999	
Medicaid/CHIP	63053	Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [eg, spinal or lateral recess stenosis]), during posterior interbody arthrodesis, lumbar; each additional segment (List separately in addition to code for primary procedure)	Yes	Interqual	None	9/1/2022	12/31/9999	
Medicaid/CHIP	63055	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; thoracic	Yes	Interqual	None	4/1/2023	12/31/9999	
Medicaid/CHIP	63056	Transpedicular Approach, 1 Segment; Lumbar (Transfacet/Lateral Extraforaminal)	Yes	Interqual	None	4/6/2015	12/31/9999	

Medicaid/CHIP	63057	Transpedicular Approach, Add'l Segment; Thoracic/Lumbar	Yes	Interqual	None	4/6/2015	12/31/9999	
Medicaid/CHIP	63075	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, single interspace	Yes	Interqual	None	4/1/2023	12/31/9999	
Medicaid/CHIP	63081	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, single segment	Yes	Interqual	None	4/1/2023	12/31/9999	
Medicaid/CHIP	63277	Laminectomy, Bx/Excision, Intraspinal Neoplasm; Extradural, Lumbar	Yes	Interqual	None	4/6/2015	12/31/9999	
Medicaid/CHIP	63282	Laminectomy, Bx/Excision, Intraspinal Neoplasm; Intradural, Extramedullary, Lumbar	Yes	Interqual	None	4/6/2015	12/31/9999	
Medicaid/CHIP	63287	Laminectomy, Bx/Excision, Intraspinal Neoplasm; Intradural, Intramedullary, Thoracolumbar	Yes	Interqual	None	4/6/2015	12/31/9999	
Medicaid/CHIP	63290	Laminectomy, Bx/Excision, Intraspinal Neoplasm; Extradural- Intradural Lesion, Any Level	Yes	Interqual	None	4/6/2015	12/31/9999	

Medicaid/CHIP	63620	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion	Yes		TMPPM: Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook 1 General Information	8/1/2013	12/31/9999	
Medicaid/CHIP	63621	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional spinal lesion (List separat	Yes		TMPPM: Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook 1 General Information	8/1/2013	12/31/9999	
Medicaid/CHIP	63650	Percutaneous Implantation, Neurostimulator Electrode Array, Epidural	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	63655	Laminectomy, Implantation, Neurostimulator Electrodes, Plate/Paddle, Epidural	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	64479	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	64480	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), cervical or thoracic, each additional level (List separately in addition to code for primary procedure)	Yes	Interqual	None	1/1/2009	12/31/9999	

Medicaid/CHIP	64483	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level	Yes		Texas Medicaid Provider Procedures Manual - Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook: 9.2.49 Osteopathic Manipulative Treatment (OMT)	1/1/2009	12/31/9999	
Medicaid/CHIP	64484	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), lumbar or sacral, each additional level (List separately in addition to code for primary procedure)	Yes		Texas Medicaid Provider Procedures Manual - Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook: 9.2.49 Osteopathic Manipulative Treatment (OMT)	1/1/2009	12/31/9999	
Medicaid/CHIP	64490	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	Yes	Interqual	None	1/1/2010	12/31/9999	
Medicaid/CHIP	64491	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; second level (List separately in addition to code for primary procedure)	Yes	Interqual	None	1/1/2010	12/31/9999	
Medicaid/CHIP	64492	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure)	Yes	Interqual	None	1/1/2010	12/31/9999	
Medicaid/CHIP	64493	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	Yes	Interqual	None	1/1/2010	12/31/9999	
Medicaid/CHIP	64494	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level (List separately in addition to code for primary procedure)	Yes	Interqual	None	1/1/2010	12/31/9999	

Medicaid/CHIP	64495	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s) (List separately in addition to code for primary procedure)	Yes	Interqual	None	1/1/2010	12/31/9999	
Medicaid/CHIP	64520	Injection, Anesthetic Agent; Lumbar/Thoracic (Paravertebral Sympathetic)	Yes		Texas Medicaid Provider Procedures Manual - Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook: 9.2.49 Osteopathic Manipulative Treatment (OMT)	8/1/2013	12/31/9999	
Medicaid/CHIP	64553	Percutaneous implantation of neurostimulator electrode array; cranial nerve	Yes		Texas Medicaid Provider Procedures Manual - Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook: 9.2.43.13.1 Prior Authorization for VNS	1/1/2009	12/31/9999	
Medicaid/CHIP	64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	Yes		Texas Medicaid Provider Procedures Manual - Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook: 9.2.43.11.1 Prior Authorization for PENS	1/1/2009	12/31/9999	
Medicaid/CHIP	64561	Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed	Yes		Texas Medicaid Provider Procedures Manual - Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook: 9.2.43.12 Sacral Nerve Stimulators (SNS)	1/1/2009	12/31/9999	
Medicaid/CHIP	64568	Open implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator	Yes		Texas Medicaid Provider Procedures Manual - Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook: 9.2.43.13.1 Prior Authorization for VNS	1/1/2011	12/31/9999	
Medicaid/CHIP	64575	Open implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	Yes		Texas Medicaid Provider Procedures Manual - Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook: 9.2.43.6.1 Prior Authorization for Diaphragm-Pacing Neuromuscular	1/1/2009	12/31/9999	

Medicaid/CHIP	64581	Incision for implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)	Yes		Texas Medicaid Provider Procedures Manual - Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook: 9.2.43.12 Sacral Nerve Stimulators (SNS)	1/1/2009	12/31/9999	
Medicaid/CHIP	64582	Open implantation of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array	Yes		Texas Medicaid Provider Procedures Manual - Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook: 9.2.43.12 Sacral Nerve Stimulators (SNS)	9/1/2022	12/31/9999	
Medicaid/CHIP	64590	Insertion or replacement of peripheral, sacral, or gastric neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver	Yes		Texas Medicaid Provider Procedures Manual - Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook: 9.2.43.12 Sacral Nerve Stimulators (SNS)	1/1/2009	12/31/9999	
Medicaid/CHIP	64605	Destruction, Neurolytic, Trigeminal Nerve; 2nd & 3rd Division	Yes	Interqual	None	8/1/2013	12/31/9999	
Medicaid/CHIP	64628	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; first 2 vertebral bodies, lumbar or sacral	Yes	Interqual	None	9/1/2022	12/31/9999	
Medicaid/CHIP	64629	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; each additional vertebral body, lumbar or sacral (List separately in addition to code for primary procedure)	Yes	Interqual	None	9/1/2022	12/31/9999	
Medicaid/CHIP	64633	Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Cervical Or Thoracic, Single Facet Joint	Yes	Interqual	None	8/1/2013	12/31/9999	

Medicaid/CHIP	64634	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint (List separately in addition to code for primary procedure)	Yes	Interqual	None	8/1/2013	12/31/9999	
Medicaid/CHIP	64635	Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Lumbar Or Sacral, Single Facet Joint	Yes	Interqual	None	8/1/2013	12/31/9999	
Medicaid/CHIP	64636	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint (List separately in addition to code for primary procedure)	Yes	Interqual	None	8/1/2013	12/31/9999	
Medicaid/CHIP	64640	Destruction, Neurolytic; Other Peripheral Nerve/Branch	Yes	Interqual	None	8/1/2013	12/31/9999	
Medicaid/CHIP	66999	Unlisted procedure, anterior segment of eye	Yes	Interqual	None	4/1/2023	12/31/9999	
Medicaid/CHIP	67900	Repair, Brow Ptosis, (Supraciliary/Mid-Forehead/Coronal Approach)	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	67901	Repair of blepharoptosis; frontalis muscle technique with	Yes	Interqual	TMPPM	4/1/2023	12/31/9999	

Medicaid/CHIP	67902	Repair of blepharoptosis; frontalis muscle technique with autologous fascial sling	Yes	Interqual	TMPPM	4/1/2023	12/31/9999	
Medicaid/CHIP	67903	Repair of blepharoptosis; tarso levator resection or advancement	Yes	Interqual	TMPPM	4/1/2023	12/31/9999	
Medicaid/CHIP	67904	Repair of blepharoptosis; tarso levaotr resection or advancement, external	Yes	Interqual	TMPPM	4/1/2023	12/31/9999	
Medicaid/CHIP	67906	Repair of blepharoptosis; superior rectus technique with fascial sling (includes obtaining fascia)	Yes	Interqual	TMPPM	4/1/2023	12/31/9999	
Medicaid/CHIP	67908	Repair of blepharoptosis; conjunctivo-tarso-Muller's musc levator resection	Yes	Interqual	TMPPM	4/1/2023	12/31/9999	
Medicaid/CHIP	67909	Reduction of overcorrection of ptosis	Yes	Interqual	TMPPM	4/1/2023	12/31/9999	
Medicaid/CHIP	69300	Otoplasty, Protruding Ear, W/Wo Size Reduction	Yes		None	1/1/2009	12/31/9999	

Medicaid/CHIP	69714	Implantation, osseointegrated implant, skull; with percutaneous attachment to external speech processor	Yes	Interqual	TMPPM	4/1/2023	12/31/9999	
Medicaid/CHIP	69716	Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, within the mastoid and/or resulting in removal of less than 100 sq mm surface area of bone deep to the outer cranial cortex	Yes	Interqual	None	9/1/2022	12/31/9999	
Medicaid/CHIP	69719	Replacement (including removal of existing device), osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, within the mastoid and/or involving a bony defect less than 100 sq mm surface area of bone deep to the outer cranial cortex	Yes		None	9/1/2022	12/31/9999	
Medicaid/CHIP	69726	Removal, entire osseointegrated implant, skull; with percutaneous attachment to external speech processor	Yes		None	9/1/2022	12/31/9999	
Medicaid/CHIP	69727	Removal, entire osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, within the mastoid and/or involving a bony defect less than 100 sq mm surface area of bone deep to the outer cranial cortex	Yes		None	9/1/2022	12/31/9999	
Medicaid/CHIP	69728	Removal, entire osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside the mastoid and involving a bony defect greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex	Yes	Interqual	TMPPM Section 3.2.3	4/1/2023	12/31/9999	
Medicaid/CHIP	69729	Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside of the mastoid and resulting in removal of greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex	Yes	Interqual	TMPPM Section 3.2.3	4/1/2023	12/31/9999	

Medicaid/CHIP	69730	Replacement (including removal of existing device), osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside the mastoid and involving a bony defect greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex	Yes	Interqual	TMPPM Section 3.2.3	4/1/2023	12/31/9999	
Medicaid/CHIP	69930	Cochlear device implantation, with or without mastoidectomy	Yes	Interqual	TMPPM	4/1/2023	12/31/9999	
Medicaid/CHIP	70336	Mri, Temporomandibular Joints	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	70450	Ct Scan, Head/Brain; W/O Contrast Matl	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	70460	Ct Scan, Head/Brain; W/Contrast Matl(S)	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	70470	Ct Scan, Head/Brain; W/O Contrast, Then W/Contrast	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	70471	Computed tomographic angiography (CTA), head and neck, with contrast material (s), including noncontrast images, when performed, and image postprocessing	Yes		TMPPM	4/1/2026	12/31/9999	

Medicaid/CHIP	70472	Computed tomographic (CT) cerebral perfusion analysis with contrast material(s), including image postprocessing performed with concurrent CT or CT angiography of the same anatomy (List separately in addition to code for primary procedure)	Yes		TMPPM	4/1/2026	12/31/9999	
Medicaid/CHIP	70473	Computed tomographic (CT) cerebral perfusion analysis with contrast material(s), including image postprocessing performed without concurrent CT or CT angiography of the same anatomy	Yes		TMPPM	4/1/2026	12/31/9999	
Medicaid/CHIP	70480	Ct Scan, Orbit/Sella/Posterior Fossa/Outer, Middle, Inner Ear; W/O Contrast	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	70481	Ct Scan, Orbit/Sella/Posterior Fossa/ Outer, Middle, Inner Ear; W/Contrast	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	70482	Ct Scan, Orbit/Sella/Posterior Fossa/ Outer, Middle, Inner Ear; W/O Contrast, Then W/Contrast	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	70486	Ct Scan, Maxillofacial Area; W/O Contrast Matl	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	70487	Ct Scan, Maxillofacial Area; W/Contrast Matl(S)	Yes	Interqual	None	1/1/2009	12/31/9999	

Medicaid/CHIP	70488	Ct Scan, Maxillofacial Area; W/O Contrast, Then W/Contrast & Further Sections	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	70490	Ct Scan, Soft Tissue Neck; W/O Contrast Matl	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	70491	Ct Scan, Soft Tissue Neck; W/Contrast Matl(S)	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	70492	Ct Scan, Neck Tissue; W/O Contrast, Then W/Contrast & Further Sections	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	70496	Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	70498	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	70540	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Yes	Interqual	None	1/1/2009	12/31/9999	

Medicaid/CHIP	70542	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s)	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	70543	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast ma	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	70544	Mra, Head; W/O Contrast Matl(S)	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	70545	Mra, Head; W/Contrast Matl(S)	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	70546	Mra, Head; W/O Contrast Matl(S), Followed By Contrast Matl(S) & Further Sequences	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	70547	Mra, Neck; W/O Contrast Matl(S)	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	70548	Mra, Neck; W/Contrast Matl(S)	Yes	Interqual	None	1/1/2009	12/31/9999	

Medicaid/CHIP	70549	Mra, Neck; W/O Contrast Matl(S), Followed By Contrast Matl(S) & Further Sequences	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	70551	Mri, Brain; W/O Contrast	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	70552	Mri, Brain; W/Contrast	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	70553	Mri, Brain; W/O Contrast, Then W/Contrast & Further Sequences	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	70554	Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part m	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	70555	Magnetic resonance imaging, brain, functional MRI; requiring physician or psychologist administration of entire neurofun	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	71250	Ct Scan, Thorax; W/O Contrast Matl	Yes	Interqual	None	1/1/2009	12/31/9999	

Medicaid/CHIP	71260	Ct Scan, Thorax; W/Contrast Matl(S)	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	71270	Ct Scan, Thorax; W/O Contrast, Then W/Contrast & Further Sections	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	71271	Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Yes	Interqual	None	1/1/2021	12/31/9999	
Medicaid/CHIP	71275	Computed tomographic angiography, chest (noncoronary), with contrast material (s), including noncontrast images, if performed, and image postprocessing	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	71550	Mri, Chest; W/O Contrast Matl(S)	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	71551	Mri, Chest; W/Contrast Matl(S)	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	71552	Mri, Chest; W/O Contrast Matl(S), Followed By Contrast Matl(S) & Further Sequences	Yes	Interqual	None	1/1/2009	12/31/9999	

Medicaid/CHIP	71555	Mra, Chest (Exclude Myocardium), W/Wo Contrast Matl(S)	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	72125	Ct Scan, Cervical Spine; W/O Contrast	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	72126	Ct Scan, Cervical Spine; W/Contrast	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	72127	Ct Scan, Cervical Spine; W/O Contrast, Then W/Contrast & Further Sections	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	72128	Ct Scan, Thoracic Spine; W/Contrast	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	72129	Cat,Thoracic Spine;w/Contrst Materl,18-2	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	72130	Ct Scan, Thoracic Spine; W/O Contrast, Then W/Contrast & Further Sections	Yes	Interqual	None	1/1/2009	12/31/9999	

Medicaid/CHIP	72131	Ct Scan, Lumbar Spine; W/O Contrast	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	72132	Ct Scan, Lumbar Spine; W/Contrast	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	72133	Ct Scan, Lumbar Spine; W/O Contrast, Then W/Contrast & Further Sections	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	72141	Mri, Cervical Spine; W/O Contrast	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	72142	Mri, Cervical Spine; W/Contrast	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	72146	Mri, Thoracic Spine; W/O Contrast	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	72147	Mri, Thoracic Spine; W/Contrast	Yes	Interqual	None	1/1/2009	12/31/9999	

Medicaid/CHIP	72148	Mri, Lumbar Spine; W/O Contrast	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	72149	Mri, Lumbar Spine; W/Contrast	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	72156	Mri, Spine W/O Contrast, Then W/Contrast; Cervical	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	72157	Mri, Spine W/O Contrast, Then W/Contrast; Thoracic	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	72158	Mri, Spine W/O Contrast, Then W/Contrast; Lumbar	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	72159	Mra, Spine W/Wo Contrast	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	72191	Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and ima	Yes	Interqual	None	1/1/2009	12/31/9999	

Medicaid/CHIP	72192	Ct Scan, Pelvis; W/O Contrast	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	72193	Ct Scan, Pelvis; W/Contrast	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	72194	Ct Scan, Pelvis; W/O Contrast, Then W/Contrast & Further Sections	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	72195	Mri, Pelvis; W/O Contrast Matl(S)	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	72196	Mri, Pelvis; W/Contrast Matl(S)	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	72197	Mri, Pelvis; W/O Contrast Matl(S), Followed By Contrast Matl(S) & Further Sequences	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	72198	Mra, Pelvis, W/Wo Contrast	Yes	Interqual	None	1/1/2009	12/31/9999	

Medicaid/CHIP	73200	Ct Scan, Upper Extremity; W/O Contrast	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	73201	Ct Scan, Upper Extremity; W/Contrast	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	73202	Ct Scan, Upper Extremity; W/O Contrast, Then W/Contrast & Further Sections	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	73206	Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	73218	Mri, Upper Extremity, Other Than Joint; W/O Contrast Matl(S)	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	73219	Mri, Upper Extremity, Other Than Joint; W/Contrast Matl(S)	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	73220	Mri, Upper Extremity, Other Than Joint; W/O Contrast Matl(S), Followed By Contrast Matl(S) & Sequenc	Yes	Interqual	None	1/1/2009	12/31/9999	

Medicaid/CHIP	73221	Mri, Any Joint, Upper Extremity; W/O Contrast Matl(S)	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	73222	Mri, Any Joint, Upper Extremity; W/Contrast Matl(S)	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	73223	Mri, Any Joint Of Upper Extremity; W/O Contrast Matl(S), Followed By Contrast Matl(S) & Further Sequ	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	73225	Mra, Upper Extremity, W/Wo Contrast	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	73700	Ct Scan, Lower Extremity; W/O Contrast	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	73701	Ct Scan, Lower Extremity; W/Contrast	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	73702	Ct Scan, Lower Extremity; W/O Contrast, Then W/Contrast & Further Sections	Yes	Interqual	None	1/1/2009	12/31/9999	

Medicaid/CHIP	73706	Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	73718	Mri, Lower Extremity Other Than Joint; W/O Contrast Matl(S)	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	73719	Mri, Lower Extremity Other Than Joint; W/Contrast Matl(S)	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	73720	Mri, Lower Extremity, Other Than Joint; W/O Contrast Matl(S), Followed Contrast Matl(S) & Furthr Seq	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	73721	Mri, Any Joint, Lower Extremity; W/O Contrast Matl	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	73722	Mri, Any Joint, Lower Extremity; W/Contrast Matl(S)	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	73723	Mri, Any Joint, Lower Extremity; W/O Contrast Matl(S), Followed By Contrast Matl(S) & Further Seq	Yes	Interqual	None	1/1/2009	12/31/9999	

Medicaid/CHIP	73725	Mra, Lower Extremity, W/Wo Contrast	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	74150	Ct Scan, Abdomen; W/O Contrast	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	74160	Computed tomography, abdomen; with contrast material(s)	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	74170	Ct Scan, Abdomen; W/O Contrast, Then W/Contrast & Further Sections	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	74174	Computed Tomographic Angiography, Abdomen And Pelvis, With Contrast Material (S), Including Noncontrast Images, If Performed, And Image Postprocessing	Yes	Interqual	None	1/1/2012	12/31/9999	
Medicaid/CHIP	74175	Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and im	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	74176	Computed tomography, abdomen and pelvis; without contrast material	Yes	Interqual	None	1/1/2011	12/31/9999	

Medicaid/CHIP	74177	Computed tomography, abdomen and pelvis; with contrast material(s)	Yes	Interqual	None	1/1/2011	12/31/9999	
Medicaid/CHIP	74178	Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	Yes	Interqual	None	1/1/2011	12/31/9999	
Medicaid/CHIP	74181	Mri, Abdomen; W/O Contrast Matl(S)	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	74182	Mri, Abdomen; W/Contrast Matl(S)	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	74183	Mri, Abdomen; W/O Contrast Matl(S) Followed By Contrast Matl(S) & Further Sequences	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	74185	Mra, Abdomen, W/Wo Contrast	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	74261	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material	Yes	Interqual	None	1/1/2010	12/31/9999	

Medicaid/CHIP	74262	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including	Yes	Interqual	None	1/1/2010	12/31/9999	
Medicaid/CHIP	74263	Computed tomographic (CT) colonography, screening, including image postprocessing	Yes	Interqual	None	1/1/2010	12/31/9999	
Medicaid/CHIP	75557	Cardiac magnetic resonance imaging for morphology and function without contrast material;	Yes	Interqual	None	1/1/2008	12/31/9999	
Medicaid/CHIP	75559	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging	Yes	Interqual	None	1/1/2008	12/31/9999	
Medicaid/CHIP	75561	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast materi	Yes	Interqual	None	1/1/2008	12/31/9999	
Medicaid/CHIP	75563	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast materi	Yes	Interqual	None	1/1/2008	12/31/9999	
Medicaid/CHIP	75565	Cardiac magnetic resonance imaging for velocity flow mapping	Yes	Interqual	TMPPM	1/1/2025	12/31/9999	

Medicaid/CHIP	75572	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D ima	Yes	Interqual	None	1/1/2010	12/31/9999	
Medicaid/CHIP	75573	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of left ventricular [LV] cardiac function, right ventricular [RV] structure and function and evaluation of vascular structures, if performed)	Yes	Interqual	None	1/1/2010	12/31/9999	
Medicaid/CHIP	75574	Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, inc	Yes	Interqual	None	1/1/2010	12/31/9999	
Medicaid/CHIP	75577	Quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, derived from augmentative software analysis of the data set from a coronary computed tomographic angiography, with interpretation and report by a physician or other qualified health care professional	Yes		TMPPM	4/1/2026	12/31/9999	
Medicaid/CHIP	75580	Noninvasive estimate of coronary fractional flow reserve (FFR) derived from augmentative software analysis of the data set from a coronary computed tomography angiography, with interpretation and report by a physician or other qualified health care professional	Yes		TMPPM	4/1/2024	12/31/9999	
Medicaid/CHIP	75635	Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast materi	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	76390	Mr Spectroscopy	Yes	Interqual	None	1/1/2009	12/31/9999	

Medicaid/CHIP	76499	Unlisted Dx Radiographic Procedure	Yes		None	2/1/2016	12/31/9999	
Medicaid/CHIP	77046	Magnetic resonance imaging, breast, without contrast material; unilateral	Yes	Interqual	None	1/1/2019	12/31/9999	
Medicaid/CHIP	77047	Magnetic resonance imaging, breast, without contrast material; bilateral	Yes	Interqual	None	1/1/2019	12/31/9999	
Medicaid/CHIP	77048	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	Yes	Interqual	None	1/1/2019	12/31/9999	
Medicaid/CHIP	77049	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral	Yes	Interqual	None	1/1/2019	12/31/9999	
Medicaid/CHIP	77301	Intensity Modulated Radiotherapy Plan W/Dose Volume Histograms	Yes		None	8/1/2013	12/31/9999	
Medicaid/CHIP	77338	Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT	Yes		None	8/1/2013	12/31/9999	

Medicaid/CHIP	77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consist	Yes	Interqual	None	8/1/2013	12/31/9999	
Medicaid/CHIP	77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consist	Yes	Interqual	None	8/1/2013	12/31/9999	
Medicaid/CHIP	77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, en	Yes		None	8/1/2013	12/31/9999	
Medicaid/CHIP	77520	Proton Treatment Delivery; Simple W/O Compensation	Yes	Interqual	None	8/1/2013	12/31/9999	
Medicaid/CHIP	77522	Proton Treatment Delivery; Simple W/Compensation	Yes	Interqual	None	8/1/2013	12/31/9999	
Medicaid/CHIP	77523	Proton Treatment Delivery; Intermediate	Yes	Interqual	None	8/1/2013	12/31/9999	
Medicaid/CHIP	77525	Proton Treatment Delivery; Complex	Yes	Interqual	None	8/1/2013	12/31/9999	

Medicaid/CHIP	78429	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	Yes		None	1/1/2020	12/31/9999	
Medicaid/CHIP	78430	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	Yes		None	1/1/2020	12/31/9999	
Medicaid/CHIP	78451	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall mo	Yes	Interqual	None	1/1/2010	12/31/9999	
Medicaid/CHIP	78452	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall mo	Yes	Interqual	None	1/1/2010	12/31/9999	
Medicaid/CHIP	78453	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall mo	Yes	Interqual	None	1/1/2010	12/31/9999	
Medicaid/CHIP	78454	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall mo	Yes	Interqual	None	1/1/2010	12/31/9999	
Medicaid/CHIP	78466	Myocardial Imaging, Infarct Avid, Planar; Qualitative/Quantitative	Yes	Interqual	None	1/1/2009	12/31/9999	

Medicaid/CHIP	78468	Myocardial Imaging, Infarct Avid, Planar; W/Ejection Fraction, 1st Pass Technique	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	78472	Cardiac Blood Pool Imaging, Gated Equilibrium; Planar, Single Study, Rest/Stress	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	78473	Cardiac Blood Pool Imaging, Gated Equilibrium; Planar, Multiple Studies, Rest/Stress	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	78481	Cardiac Blood Pool Imaging, Planar, 1st Pass; Single Study & Ejection Fraction W/Wo Quantification	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	78483	Cardiac Blood Pool Imaging, Planar, 1st Pass; Mult Studies, Rest & Stress & Eject Fractn W/Wo Quant	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	78494	Cardiac Blood Pool Imaging, Gated Equilibrium, Rest, Spect, & Ejection Fraction W/Wo Quantification	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	78608	Brain Imaging, Positron Emission Tomography (Pet); Metabolic Evaluation	Yes	Interqual	None	1/1/2009	12/31/9999	

Medicaid/CHIP	78811	Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	78812	Positron emission tomography (PET) imaging; skull base to mid- thigh	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	78813	Positron emission tomography (PET) imaging; whole body	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	78814	Positron emission tomography (PET) produces thin slice images of the body that can be reassembled into three-dimensional representations by detecting positron-emitting radionuclides from a radiopharmaceutical introduced into the body. These radionuclides must be produced in a cyclotron or generator that can bombard chemicals with neutrons to produce unstable, short- lived radioisotopes, such as carbon-11, nitrogen-13, and oxygen-15. These can be readily incorporated into common and important, biological body compounds for administration. Data from this kind of imaging yields metabolic or biochemical function information depending on the type of molecule tagged. In PET tumor imaging, information about the tumor's glucose and oxygen utilization is obtained, which reveals the tumor's behavior compared to normal tissue or benign tumors. Report 78811 for PET imaging of a limited area such as the chest alone; 78812 for imaging from the skull base to the mid-thigh; and 78813 for imaging of the whole body.	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	78815	Positron emission tomography (PET) produces thin slice images of the body that can be reassembled into three-dimensional representations by detecting positron-emitting radionuclides from a radiopharmaceutical introduced into the body. Computed tomography (CT) directs multiple narrow beams of x-rays around a body structure to produce thin, cross-sectional views of anatomical layers (or slices) of the body. The PET scan is highly sensitive to metabolic activity of the tumor while CT provides a detailed internal picture of the size, shape, and location of the tumor. PET, alone, has a definite limitation with respect to spatial resolution and physiological uptake of the radiopharmaceutical tracer, in some areas, can be underestimated or misinterpreted without accurate, anatomical correlations. Scanners that concurrently utilize PET with CT imaging correct for this limitation of PET, by fusing the data for precise anatomical location together with highly sensitive metabolic imaging. Report 78814 for concurrently acquired PET/CT imaging of a limited area, such as the head and neck alone; 78815 for imaging from the skull base to the mid-thigh; and 78816 for whole body scanning	Yes	Interqual	None	1/1/2009	12/31/9999	

Medicaid/CHIP	78816	Positron emission tomography (PET) produces thin slice images of the body that can be reassembled into three-dimensional representations by detecting positron-emitting radionuclides from a radiopharmaceutical introduced into the body. Computed tomography (CT) directs multiple narrow beams of x-rays around a body structure to produce thin, cross-sectional views of anatomical layers (or slices) of the body. The PET scan is highly sensitive to metabolic activity of the tumor while CT provides a detailed internal picture of the size, shape, and location of the tumor. PET, alone, has a definite limitation with respect to spatial resolution and physiological uptake of the radiopharmaceutical tracer, in some areas, can be underestimated or misinterpreted without accurate, anatomical correlations. Scanners that concurrently utilize PET with CT imaging correct for this limitation of PET, by fusing the data for precise anatomical location together with highly sensitive metabolic imaging. Report 78814 for concurrently acquired PET/CT imaging of a limited area, such as the head and neck alone; 78815 for imaging from the skull base to the mid-thigh; and 78816 for whole body scanning.	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	81162	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and full duplication/deletion analysis (ie, detection of large gene rearrangements)	Yes	Interqual	None	1/1/2016	12/31/9999	
Medicaid/CHIP	81163	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	Yes	Interqual	None	1/1/2019	12/31/9999	
Medicaid/CHIP	81164	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	Yes	Interqual	None	1/1/2019	12/31/9999	
Medicaid/CHIP	81165	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	Yes	Interqual	None	1/1/2019	12/31/9999	

Medicaid/CHIP	81166	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	Yes	Interqual	None	1/1/2019	12/31/9999	
Medicaid/CHIP	81167	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	Yes	Interqual	None	1/1/2019	12/31/9999	
Medicaid/CHIP	81170	ABL1 (ABL proto-oncogene 1, non-receptor tyrosine kinase) (eg, acquired imatinib tyrosine kinase inhibitor resistance), gene analysis, variants in the kinase domain	Yes	Interqual	None	12/15/2017	12/31/9999	
Medicaid/CHIP	81200	Aspa (Aspartoacylase) (Eg, Canavan Disease) Gene Analysis, Common Variants (Eg, E285A, Y231X)	Yes	Interqual	None	12/15/2017	12/31/9999	
Medicaid/CHIP	81201	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; full gene sequence	Yes		Texas Medicaid Provider Procedures Manual - Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook: 9.2.15.3 Genetic Testing for Colorectal Cancer	8/1/2013	12/31/9999	
Medicaid/CHIP	81202	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; known familial variants	Yes		Texas Medicaid Provider Procedures Manual - Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook: 9.2.15.3 Genetic Testing for Colorectal Cancer	8/1/2013	12/31/9999	
Medicaid/CHIP	81203	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; duplication/deletion variants	Yes		Texas Medicaid Provider Procedures Manual - Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook: 9.2.15.3 Genetic Testing for Colorectal Cancer	8/1/2013	12/31/9999	

Medicaid/CHIP	81205	Bckdhb (Branched-Chain Keto Acid Dehydrogenase E1, Beta Polypeptide) (Eg, Maple Syrup Urine Disease) Gene Analysis, Common Variants (Eg, R183P, G278S, E422X)	Yes	Interqual	None	11/1/2019	12/31/9999	
Medicaid/CHIP	81209	Blm (Bloom Syndrome, Recq Helicase-Like) (Eg, Bloom Syndrome) Gene Analysis, 2281Del6Ins7 Variant	Yes	Interqual	None	12/15/2017	12/31/9999	
Medicaid/CHIP	81210	Braf (V-Raf Murine Sarcoma Viral Oncogene Homolog B1) (Eg, Colon Cancer), Gene Analysis, V600E Variant	Yes	Interqual	None	12/15/2017	12/31/9999	
Medicaid/CHIP	81212	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; 185delAG, 5385insC, 6174delT variants	Yes		Texas Medicaid Provider Procedures Manual - Radiology and Laboratory Services Handbook: 2.2.6 Breast Cancer Gene 1 and 2 (BRCA) Testing	8/1/2013	12/31/9999	
Medicaid/CHIP	81215	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	Yes		Texas Medicaid Provider Procedures Manual - Radiology and Laboratory Services Handbook: 2.2.6 Breast Cancer Gene 1 and 2 (BRCA) Testing	8/1/2013	12/31/9999	
Medicaid/CHIP	81216	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	Yes		Texas Medicaid Provider Procedures Manual - Radiology and Laboratory Services Handbook: 2.2.6 Breast Cancer Gene 1 and 2 (BRCA) Testing	8/1/2013	12/31/9999	
Medicaid/CHIP	81217	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	Yes		Texas Medicaid Provider Procedures Manual - Radiology and Laboratory Services Handbook: 2.2.6 Breast Cancer Gene 1 and 2 (BRCA) Testing	8/1/2013	12/31/9999	

Medicaid/CHIP	81219	CALR (calreticulin) (eg, myeloproliferative disorders), gene analysis, common variants in exon 9	Yes	Interqual	None	11/1/2019	12/31/9999	
Medicaid/CHIP	81221	Cftr (Cystic Fibrosis Transmembrane Conductance Regulator) (Eg, Cystic Fibrosis) Gene Analysis; Known Familial Variants	Yes	Interqual	None	12/15/2017	12/31/9999	
Medicaid/CHIP	81222	Cftr (Cystic Fibrosis Transmembrane Conductance Regulator) (Eg, Cystic Fibrosis) Gene Analysis; Duplication/Deletion Variants	Yes	Interqual	None	12/15/2017	12/31/9999	
Medicaid/CHIP	81223	Cftr (Cystic Fibrosis Transmembrane Conductance Regulator) (Eg, Cystic Fibrosis) Gene Analysis; Full Gene Sequence	Yes	Interqual	None	12/15/2017	12/31/9999	
Medicaid/CHIP	81224	Cftr (Cystic Fibrosis Transmembrane Conductance Regulator) (Eg, Cystic Fibrosis) Gene Analysis; Intron 8 Poly-T Analysis (Eg, Male Infertility)	Yes	Interqual	None	12/15/2017	12/31/9999	
Medicaid/CHIP	81225	Cyp2C19 (Cytochrome P450, Family 2, Subfamily C, Polypeptide 19) (Eg, Drug Metabolism), Gene Analysis, Common Variants (Eg, *2, *3, *4, *8, *17)	Yes	Interqual	None	3/1/2015	12/31/9999	
Medicaid/CHIP	81226	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *9, *10, *17, *19, *29, *35, *41, *1XN, *2XN, *4XN)	Yes	Interqual	None	5/1/2018	12/31/9999	

Medicaid/CHIP	81227	Cyp2C9 (Cytochrome P450, Family 2, Subfamily C, Polypeptide 9) (Eg, Drug Metabolism), Gene Analysis, Common Variants (Eg, *2, *3, *5, *6)	Yes	Interqual	None	5/1/2018	12/31/9999	
Medicaid/CHIP	81229	Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number and single nucleotide polymorphism variants, comparative genomic hybridization [CGH] microarray analysis	Yes	Interqual	None	9/1/2021	12/31/9999	
Medicaid/CHIP	81235	EGFR (epidermal growth factor receptor) (eg, non-small cell lung cancer) gene analysis, common variants (eg, exon 19 LREA deletion, L858R, T790M, G719A, G719S, L861Q)	Yes	Interqual	None	5/1/2017	12/31/9999	
Medicaid/CHIP	81240	Fetal chromosomal aneuploidy (eg, trisomy 21, monosomy X) genomic sequence analysis panel, circulating cell-free fetal DNA in maternal blood, must include analysis of chromosomes 13, 18, and 21	Yes		TMPPM	9/1/2022	12/31/9999	
Medicaid/CHIP	81241	F5 (Coagulation Factor V) (Eg, Hereditary Hypercoagulability) Gene Analysis, Leiden Variant	Yes	Interqual	None	12/15/2017	12/31/9999	
Medicaid/CHIP	81242	Fancc (Fanconi Anemia, Complementation Group C) (Eg, Fanconi Anemia, Type C) Gene Analysis, Common Variant (Eg, Ivs4+4A>T)	Yes	Interqual	None	12/15/2017	12/31/9999	
Medicaid/CHIP	81244	FMR1 (fragile X messenger ribonucleoprotein 1) (eg, fragile X syndrome, X-linked intellectual disability [XLID]) gene analysis; characterization of alleles (eg, expanded size and promoter methylation status)	Yes	Interqual	None	12/15/2017	12/31/9999	

Medicaid/CHIP	81245	Flt3 (Fms-Related Tyrosine Kinase 3) (Eg, Acute Myeloid Leukemia), Gene Analysis, Internal Tandem Duplication (Itd) Variants (Ie, Exons 14, 15)	Yes	Interqual	None	9/1/2020	12/31/9999	
Medicaid/CHIP	81246	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis; tyrosine kinase domain (TKD) variants (eg, D835, I836)	Yes	Interqual	None	12/15/2017	12/31/9999	
Medicaid/CHIP	81250	G6Pc (Glucose-6-Phosphatase, Catalytic Subunit) (Eg, Glycogen Storage Disease, Type 1A, Von Gierke Disease) Gene Analysis, Common Variants (Eg, R83C, Q347X)	Yes	Interqual	None	11/1/2019	12/31/9999	
Medicaid/CHIP	81251	Gba (Glucosidase, Beta, Acid) (Eg, Gaucher Disease) Gene Analysis, Common Variants (Eg, N370S, 84Gg, L444P, Ivs2+1G>A)	Yes	Interqual	None	12/15/2017	12/31/9999	
Medicaid/CHIP	81252	GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; full gene sequence	Yes	Interqual	None	12/15/2017	12/31/9999	
Medicaid/CHIP	81253	GJB2 (gap junction protein, beta 2, 26kDa; connexin 26) (eg, nonsyndromic hearing loss) gene analysis; known familial variants	Yes	Interqual	None	12/15/2017	12/31/9999	
Medicaid/CHIP	81254	GJB6 (gap junction protein, beta 6, 30kDa, connexin 30) (eg, nonsyndromic hearing loss) gene analysis, common variants (eg, 309kb [del(GJB6-D13S1830)] and 232kb [del(GJB6-D13S1854)])	Yes	Interqual	None	12/15/2017	12/31/9999	

Medicaid/CHIP	81255	Hexa (Hexosaminidase A [Alpha Polypeptide]) (Eg, Tay-Sachs Disease) Gene Analysis, Common Variants (Eg, 1278Instatc, 1421+1G>C, G269S)	Yes	Interqual	None	12/15/2017	12/31/9999	
Medicaid/CHIP	81256	Hfe (Hemochromatosis) (Eg, Hereditary Hemochromatosis) Gene Analysis, Common Variants (Eg, C282Y, H63D)	Yes	Interqual	None	12/15/2017	12/31/9999	
Medicaid/CHIP	81257	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; common deletions or variant (eg, Southeast Asian, Thai, Filipino, Mediterranean, alpha3.7, alpha4.2, alpha20.5, Constant Spring)	Yes	Interqual	None	12/15/2017	12/31/9999	
Medicaid/CHIP	81260	IKBKAP (inhibitor of kappa light polypeptide gene enhancer in B- cells, kinase complex-associated protein) (eg, familial dysautonomia) gene analysis, common variants (eg, 2507+6T>C, R696P)	Yes	Interqual	None	12/15/2017	12/31/9999	
Medicaid/CHIP	81262	IGH@ (Immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, B-cell), gene rearrangement analysis to detect abnormal clonal population(s); direct probe methodology (eg, Southern blot)	Yes	Interqual	None	5/1/2018	12/31/9999	
Medicaid/CHIP	81270	Jak2 (Janus Kinase 2) (Eg, Myeloproliferative Disorder) Gene Analysis, P.Val617Phe (V617F) Variant	Yes	Interqual	None	12/15/2017	12/31/9999	
Medicaid/CHIP	81272	KIT (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (eg, gastrointestinal stromal tumor [GIST], acute myeloid leukemia, melanoma), gene analysis, targeted sequence analysis (eg, exons 8, 11, 13, 17, 18)	Yes	Interqual	None	9/1/2020	12/31/9999	

Medicaid/CHIP	81275	Kras (V-Ki-Ras2 Kirsten Rat Sarcoma Viral Oncogene) (Eg, Carcinoma) Gene Analysis, Variants In Codons 12 And 13	Yes	Interqual	None	12/15/2017	12/31/9999	
Medicaid/CHIP	81276	KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; additional variant(s) (eg, codon 61, codon 146)	Yes	Interqual	None	1/1/2016	12/31/9999	
Medicaid/CHIP	81277	Cytogenomic neoplasia (genome-wide) microarray analysis, interrogation of genomic regions for copy number and loss-of-heterozygosity variants for chromosomal abnormalities	Yes	Hayes Technologies	None	1/1/2020	12/31/9999	
Medicaid/CHIP	81279	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) targeted sequence analysis (eg, exons 12 and 13)	Yes	Interqual	None	1/1/2021	12/31/9999	
Medicaid/CHIP	81288	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; promoter methylation analysis	Yes	Interqual	None	1/1/2015	12/31/9999	
Medicaid/CHIP	81290	Mcoln1 (Mucolipin 1) (Eg, Mucolipidosis, Type Iv) Gene Analysis, Common Variants (Eg, Ivs3-2A>G, Del6.4Kb)	Yes	Interqual	None	12/15/2017	12/31/9999	
Medicaid/CHIP	81291	MTHFR (5,10-methylenetetrahydrofolate reductase) (eg, hereditary hypercoagulability) gene analysis, common variants (eg, 677T, 1298C)	Yes		TMPPM	9/1/2022	12/31/9999	

Medicaid/CHIP	81292	Mlh1 (Mutl Homolog 1, Colon Cancer, Nonpolyposis Type 2) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Full Sequence Analysis	Yes		Texas Medicaid Provider Procedures Manual - Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook: 9.2.15.3 Genetic Testing for Colorectal Cancer	8/1/2013	12/31/9999	
Medicaid/CHIP	81293	Mlh1 (Mutl Homolog 1, Colon Cancer, Nonpolyposis Type 2) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Known Familial Variants	Yes		Texas Medicaid Provider Procedures Manual - Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook: 9.2.15.3 Genetic Testing for Colorectal Cancer	8/1/2013	12/31/9999	
Medicaid/CHIP	81294	Mlh1 (Mutl Homolog 1, Colon Cancer, Nonpolyposis Type 2) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Duplication/Deletion Variants	Yes		Texas Medicaid Provider Procedures Manual - Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook: 9.2.15.3 Genetic Testing for Colorectal Cancer	8/1/2013	12/31/9999	
Medicaid/CHIP	81295	Msh2 (Muts Homolog 2, Colon Cancer, Nonpolyposis Type 1) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Full Sequence Analysis	Yes		Texas Medicaid Provider Procedures Manual - Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook: 9.2.15.3 Genetic Testing for Colorectal Cancer	8/1/2013	12/31/9999	
Medicaid/CHIP	81296	Msh2 (Muts Homolog 2, Colon Cancer, Nonpolyposis Type 1) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Known Familial Variants	Yes		Texas Medicaid Provider Procedures Manual - Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook: 9.2.15.3 Genetic Testing for Colorectal Cancer	8/1/2013	12/31/9999	
Medicaid/CHIP	81297	Msh2 (Muts Homolog 2, Colon Cancer, Nonpolyposis Type 1) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Duplication/Deletion Variants	Yes		Texas Medicaid Provider Procedures Manual - Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook: 9.2.15.3 Genetic Testing for Colorectal Cancer	8/1/2013	12/31/9999	
Medicaid/CHIP	81298	Msh6 (Muts Homolog 6 [E. Coli]) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Full Sequence Analysis	Yes		Texas Medicaid Provider Procedures Manual - Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook: 9.2.15.3 Genetic Testing for Colorectal Cancer	8/1/2013	12/31/9999	

Medicaid/CHIP	81299	Msh6 (Muts Homolog 6 [E. Coli]) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Known Familial Variants	Yes		Texas Medicaid Provider Procedures Manual - Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook: 9.2.15.3 Genetic Testing for Colorectal Cancer	8/1/2013	12/31/9999	
Medicaid/CHIP	81300	Msh6 (Muts Homolog 6 [E. Coli]) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Duplication/Deletion Variants	Yes		Texas Medicaid Provider Procedures Manual - Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook: 9.2.15.3 Genetic Testing for Colorectal Cancer	8/1/2013	12/31/9999	
Medicaid/CHIP	81301	Microsatellite instability analysis (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) of markers for mismatch repair deficiency (eg, BAT25, BAT26), includes comparison of neoplastic and normal tissue, if performed	Yes		Texas Medicaid Provider Procedures Manual - Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook: 9.2.15.3 Genetic Testing for Colorectal Cancer	8/1/2013	12/31/9999	
Medicaid/CHIP	81302	Mecp2 (Methyl Cpg Binding Protein 2) (Eg, Rett Syndrome) Gene Analysis; Full Sequence Analysis	Yes	Interqual	None	12/15/2017	12/31/9999	
Medicaid/CHIP	81303	Mecp2 (Methyl Cpg Binding Protein 2) (Eg, Rett Syndrome) Gene Analysis; Known Familial Variant	Yes	Interqual	None	5/1/2018	12/31/9999	
Medicaid/CHIP	81304	Mecp2 (Methyl Cpg Binding Protein 2) (Eg, Rett Syndrome) Gene Analysis; Duplication/Deletion Variants	Yes	Interqual	None	12/15/2017	12/31/9999	
Medicaid/CHIP	81307	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; full gene sequence	Yes	Interqual	None	4/1/2020	12/31/9999	

Medicaid/CHIP	81308	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; known familial variant	Yes	Interqual	None	4/1/2020	12/31/9999	
Medicaid/CHIP	81309	PIK3CA (phosphatidylinositol-4, 5-biphosphate 3-kinase, catalytic subunit alpha) (eg, colorectal and breast cancer) gene analysis, targeted sequence analysis (eg, exons 7, 9,	Yes	Interqual	None	1/1/2020	12/31/9999	
Medicaid/CHIP	81314	PDGFRA (platelet-derived growth factor receptor, alpha polypeptide) (eg, gastrointestinal stromal tumor [GIST]), gene analysis, targeted sequence analysis (eg, exons 12, 18)	Yes	Interqual	None	9/1/2020	12/31/9999	
Medicaid/CHIP	81315	PML/RARalpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; common breakpoints (eg, intron 3 and intron 6), qualitative or quantitative	Yes	Interqual	None	12/15/2017	12/31/9999	
Medicaid/CHIP	81316	PML/RARalpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; single breakpoint (eg, intron 3, intron 6 or exon 6), qualitative or quantitative	Yes	Interqual	None	12/15/2017	12/31/9999	
Medicaid/CHIP	81317	Pms2 (Postmeiotic Segregation Increased 2 [S. Cerevisiae]) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Full Sequence Analysis	Yes		Texas Medicaid Provider Procedures Manual - Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook: 9.2.15.3 Genetic Testing for Colorectal Cancer	8/1/2013	12/31/9999	
Medicaid/CHIP	81318	Pms2 (Postmeiotic Segregation Increased 2 [S. Cerevisiae]) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Known Familial Variants	Yes		Texas Medicaid Provider Procedures Manual - Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook: 9.2.15.3 Genetic Testing for Colorectal Cancer	8/1/2013	12/31/9999	

Medicaid/CHIP	81319	Pms2 (Postmeiotic Segregation Increased 2 [S. Cerevisiae]) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Duplication/Deletion Variants	Yes		Texas Medicaid Provider Procedures Manual - Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook: 9.2.15.3 Genetic Testing for Colorectal Cancer	8/1/2013	12/31/9999	
Medicaid/CHIP	81321	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; full sequence analysis	Yes	Interqual	None	12/15/2017	12/31/9999	
Medicaid/CHIP	81322	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; known familial variant	Yes	Interqual	None	12/15/2017	12/31/9999	
Medicaid/CHIP	81323	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; duplication/deletion variant	Yes	Interqual	None	12/15/2017	12/31/9999	
Medicaid/CHIP	81327	SEPT9 (Septin9) (eg, colorectal cancer) promoter methylation analysis	Yes		Texas Medicaid Provider Procedures Manual - Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook: 9.2.15.3 Genetic Testing for Colorectal Cancer	5/1/2018	12/31/9999	
Medicaid/CHIP	81330	Smpd1(Sphingomyelin Phosphodiesterase 1, Acid Lysosomal) (Eg, Niemann-Pick Disease, Type A) Gene Analysis, Common Variants (Eg, R496L, L302P, Fsp330)	Yes	Interqual	None	12/15/2017	12/31/9999	
Medicaid/CHIP	81331	Snrpn/Ube3A (Small Nuclear Ribonucleoprotein Polypeptide N And Ubiquitin Protein Ligase E3A) (Eg, Prader-Willi Syndrome And/Or Angelman Syndrome), Methylation Analysis	Yes	Interqual	None	11/1/2019	12/31/9999	

Medicaid/CHIP	81332	SERPINA1 (serpin peptidase inhibitor, clade A, alpha-1 antiproteinase, antitrypsin, member 1) (eg, alpha-1-antitrypsin deficiency), gene analysis, common variants (eg, *S and *Z)	Yes	Interqual	None	10/1/2019	12/31/9999	
Medicaid/CHIP	81336	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; full gene sequence	Yes	Interqual	None	1/1/2019	12/31/9999	
Medicaid/CHIP	81337	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; known familial sequence variant(s)	Yes	Interqual	None	1/1/2019	12/31/9999	
Medicaid/CHIP	81338	MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; common variants (eg, W515A, W515K, W515L, W515R)	Yes	Interqual	None	1/1/2021	12/31/9999	
Medicaid/CHIP	81339	MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; sequence analysis, exon 10	Yes	Interqual	None	1/1/2021	12/31/9999	
Medicaid/CHIP	81341	TRB@ (T cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using direct probe methodology (eg, Southern blot)	Yes	Interqual	None	5/1/2018	12/31/9999	
Medicaid/CHIP	81345	TERT (telomerase reverse transcriptase) (eg, thyroid carcinoma, glioblastoma multiforme) gene analysis, targeted sequence analysis (eg, promoter region)	Yes		TMPPM	9/1/2024	12/31/9999	

Medicaid/CHIP	81350	Ugt1A1 (Udp Glucuronosyltransferase 1 Family, Polypeptide A1) (Eg, Irinotecan Metabolism), Gene Analysis, Common Variants (Eg, *28, *36, *37)	Yes	Interqual	None	5/1/2018	12/31/9999	
Medicaid/CHIP	81351	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; full gene sequence	Yes	Interqual	None	1/1/2021	12/31/9999	
Medicaid/CHIP	81352	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; targeted sequence analysis (eg, 4 oncology)	Yes	Interqual	None	1/1/2021	12/31/9999	
Medicaid/CHIP	81353	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; known familial variant	Yes	Interqual	None	1/1/2021	12/31/9999	
Medicaid/CHIP	81355	VKORC1 (vitamin K epoxide reductase complex, subunit 1) (eg, warfarin metabolism), gene analysis, common variant(s) (eg, -1639G>A, c.173+1000C>T)	Yes		TMPPM	9/1/2022	12/31/9999	
Medicaid/CHIP	81400	MOLECULAR PATHOLOGY PROCEDURE LEVEL 1	Yes	Interqual	None	12/15/2017	12/31/9999	
Medicaid/CHIP	81401	MOLECULAR PATHOLOGY PROCEDURE LEVEL 2	Yes	Interqual	None	12/15/2017	12/31/9999	

Medicaid/CHIP	81402	MOLECULAR PATHOLOGY PROCEDURE LEVEL 3	Yes	Interqual	None	11/1/2019	12/31/9999	
Medicaid/CHIP	81403	Molecular pathology procedure, Level 4 (eg, analysis of single exon by DNA sequence analysis, analysis of >10 amplicons using multiplex PCR in 2 or more independent reactions, mutation scanning or duplication/deletion variants of 2-5 exons) ARX (aristaless related homeobox) (eg, X-linked lissencephaly with ambiguous genitalia, X-linked intellectual disability), duplication/deletion analysis	Yes	Interqual	None	12/15/2017	12/31/9999	
Medicaid/CHIP	81404	Molecular pathology procedure, Level 5 (eg, analysis of 2-5 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 6-10 exons, or characterization of a dynamic mutation disorder/triplet repeat by Southern blot analysis) ARX (aristaless related homeobox) (eg, X-linked lissencephaly with ambiguous genitalia, X-linked intellectual disability), full gene sequence	Yes	Interqual	None	12/15/2017	12/31/9999	
Medicaid/CHIP	81405	Molecular pathology procedure, Level 6 (eg, analysis of 6-10 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 11-25 exons, regionally targeted cytogenomic array analysis) FTSJ1 (FtsJ RNA 2'-O-methyltransferase 1) (eg, X-linked intellectual disability 9), duplication/deletion analysis	Yes	Interqual	None	12/15/2017	12/31/9999	
Medicaid/CHIP	81406	Molecular pathology procedure, Level 7 (eg, analysis of 11-25 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 26-50 exons) FTSJ1 (FtsJ RNA 2'-O-methyltransferase 1) (eg, X-linked intellectual disability 9), full gene sequence	Yes	Interqual	None	12/15/2017	12/31/9999	
Medicaid/CHIP	81407	Molecular pathology procedure, Level 8 (eg, analysis of 26-50 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of >50 exons, sequence analysis of multiple genes on one platform) KDM5C (lysine demethylase 5C) (eg, X-linked intellectual disability), full gene sequence	Yes	Interqual	None	11/1/2019	12/31/9999	
Medicaid/CHIP	81408	MOLECULAR PATHOLOGY PROCEDURE LEVEL 9	Yes	Interqual	None	12/15/2017	12/31/9999	

Medicaid/CHIP	81410	Aortic dysfunction or dilation (eg, Marfan syndrome, Loeys Dietz syndrome, Ehler Danlos syndrome type IV, arterial tortuosity syndrome); genomic sequence analysis panel, must include sequencing of at least 9 genes, including FBN1, TGFBR1, TGFBR2, COL3A1, MYH11, ACTA2, SLC2A10, SMAD3, and MYLK	Yes		TMPPM	9/1/2022	12/31/9999	
Medicaid/CHIP	81411	Aortic dysfunction or dilation (eg, Marfan syndrome, Loeys Dietz syndrome, Ehler Danlos syndrome type IV, arterial tortuosity syndrome); duplication/deletion analysis panel, must include analyses for TGFBR1, TGFBR2, MYH11, and COL3A1	Yes		TMPPM	9/1/2022	12/31/9999	
Medicaid/CHIP	81415	Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis	Yes		TMPPM	5/1/2026	12/31/9999	
Medicaid/CHIP	81416	Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator exome (eg, parents, siblings) (List separately in addition to code for primary procedure)	Yes		TMPPM	5/1/2026	12/31/9999	
Medicaid/CHIP	81417	Exome (eg, unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained exome sequence (eg, updated knowledge or unrelated condition/syndrome)	Yes		TMPPM	5/1/2026	12/31/9999	
Medicaid/CHIP	81425	Whole Genome Sequencing	Yes		TMPPM	9/1/2024	12/31/9999	
Medicaid/CHIP	81426	Genome Sequence Analysis	Yes		TMPPM	9/1/2024	12/31/9999	

Medicaid/CHIP	81427	Genome re-evaluation of previously obtained genome sequence	Yes		TMPPM	9/1/2024	12/31/9999	
Medicaid/CHIP	81443	Genetic testing for severe genetic conditions, genomic sequence analysis panel, must include sequencing of at least 15 genes	Yes		TMPPM	9/1/2024	12/31/9999	
Medicaid/CHIP	81449	Solid organ neoplasm, genomic sequence analysis panel, 5-50 genes, interrogation for sequence variants and copy number variants or rearrangements, if performed; RNA analysis	Yes	Interqual	TMPPM Section 5.2.2	4/1/2023	12/31/9999	
Medicaid/CHIP	81451	Hematolymphoid neoplasm or disorder, genomic sequence analysis panel, 5-50 genes, interrogation for sequence variants, and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; RNA analysis	Yes	Interqual	TMPPM Section 5.2.2	4/1/2023	12/31/9999	
Medicaid/CHIP	81456	Solid organ or hematolymphoid neoplasm or disorder, 51 or greater genes, genomic sequence analysis panel, interrogation for sequence variants and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; RNA analysis	Yes	Interqual	TMPPM Section 5.2.2	4/1/2023	12/31/9999	
Medicaid/CHIP	81457	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis, microsatellite instability	Yes		TMPPM	4/1/2024	12/31/9999	
Medicaid/CHIP	81458	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis, copy number variants and microsatellite instability	Yes		TMPPM	4/1/2024	12/31/9999	

Medicaid/CHIP	81459	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants, microsatellite instability, tumor mutation burden, and rearrangements	Yes		TMPPM	4/1/2024	12/31/9999	
Medicaid/CHIP	81462	Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants and rearrangements	Yes		TMPPM	4/1/2024	12/31/9999	
Medicaid/CHIP	81463	Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for sequence variants; DNA analysis, copy number variants, and microsatellite instability	Yes		TMPPM	4/1/2024	12/31/9999	
Medicaid/CHIP	81464	Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants, microsatellite instability, tumor mutation burden, and rearrangements	Yes		TMPPM	4/1/2024	12/31/9999	
Medicaid/CHIP	81479	Unlisted lmolecular pathology procedure	Yes	Interqual	None	4/1/2023	12/31/9999	
Medicaid/CHIP	81518	Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 11 genes (7 content and 4 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithms reported as percentage risk for metastatic recurrence and likelihood of benefit from extended endocrine therapy	Yes	Interqual	None	6/1/2026	12/31/9999	
Medicaid/CHIP	81519	Oncology (breast), mRNA, gene expression profiling by real-time RT- PCR of 21 genes, utilizing formalin-fixed paraffin embedded tissue, algorithm reported as recurrence score	Yes	Interqual	None	12/15/2017	12/31/9999	

Medicaid/CHIP	81520	Gene expression profiling (ProSigna)	Yes		TMPPM	4/1/2023	12/31/9999	
Medicaid/CHIP	81595	Cardiology (heart transplant), mRNA, gene expression profiling by real-time quantitative PCR of 20 genes (11 content and 9 housekeeping), utilizing subfraction of peripheral blood, algorithm reported as a rejection risk score	Yes	Interqual	None	6/1/2026	12/31/9999	
Medicaid/CHIP	81599	Unlisted Multianalyte Assay With Algorithmic Analysis	Yes		None	12/15/2017	12/31/9999	
Medicaid/CHIP	83520	Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; quantitative, not otherwise sp	Yes		None	12/15/2017	12/31/9999	
Medicaid/CHIP	84999	Unlisted Chemistry Proc	Yes	Interqual	None	8/1/2013	12/31/9999	
Medicaid/CHIP	88299	Unlisted cytogenic study	Yes	Interqual	None	4/1/2023	12/31/9999	
Medicaid/CHIP	89240	Unlisted misc pathology test	Yes	Interqual	None	4/1/2023	12/31/9999	

Medicaid/CHIP	90281	Immune Globulin (Ig), Human, Im Use	Yes	Interqual	None	3/1/2013	12/31/9999	
Medicaid/CHIP	90283	Immune Globulin (Igiv), Human, Iv Use	Yes	Interqual	None	1/1/2003	12/31/9999	
Medicaid/CHIP	90284	Immune globulin (SCIg), human, for use in subcutaneous infusions, 100mg, each	Yes	Interqual	None	3/1/2013	12/31/9999	
Medicaid/CHIP	90867	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management	Yes	Interqual	None	1/1/2011	12/31/9999	
Medicaid/CHIP	90868	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session	Yes	Interqual	None	1/1/2011	12/31/9999	
Medicaid/CHIP	90869	Therapeutic Repetitive Transcranial Magnetic Stimulation (Tms) Treatment; Subsequent Motor Threshold Re-Determination With Delivery And Management	Yes	Interqual	None	8/1/2013	12/31/9999	
Medicaid/CHIP	91110	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum	Yes	Interqual	None	4/1/2023	12/31/9999	

Medicaid/CHIP	91111	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus with interpretation and report	Yes	Interqual	None	4/1/2023	12/31/9999	
Medicaid/CHIP	91113	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), colon, with interpretation and report	Yes	Interqual	None	9/1/2022	12/31/9999	
Medicaid/CHIP	92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Yes		Texas Medicaid Provider Procedures Manual - Physical Therapy, Occupational Therapy, And Speech Therapy Services Handbook	1/1/2009	12/31/9999	
Medicaid/CHIP	92508	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals	Yes		Texas Medicaid Provider Procedures Manual - Physical Therapy, Occupational Therapy, And Speech Therapy Services Handbook	1/1/2009	12/31/9999	
Medicaid/CHIP	92526	Treatment, Swallowing Dysfunction &/Or Oral Function, Feeding	Yes		Texas Medicaid Provider Procedures Manual - Physical Therapy, Occupational Therapy, And Speech Therapy Services Handbook	4/6/2015	12/31/9999	
Medicaid/CHIP	92630	Auditory rehabilitation; pre-lingual hearing loss	Yes		Texas Medicaid Provider Procedures Manual - Physical Therapy, Occupational Therapy, And Speech Therapy Services Handbook	4/6/2015	12/31/9999	
Medicaid/CHIP	92633	Auditory rehabilitation; post-lingual hearing loss	Yes		Texas Medicaid Provider Procedures Manual - Physical Therapy, Occupational Therapy, And Speech Therapy Services Handbook	4/6/2015	12/31/9999	

Medicaid/CHIP	93319	3D echocardiographic imaging and postprocessing during transesophageal echocardiography, or during transthoracic echocardiography for congenital cardiac anomalies, for the assessment of cardiac structure(s) (eg, cardiac chambers and valves, left atrial appendage, interatrial septum, interventricular septum) and function, when performed (List separately in addition to code for echocardiographic imaging)	Yes	Interqual	None	9/1/2022	12/31/9999	
Medicaid/CHIP	93150	Therapy activation of implanted phrenic nerve stimulator system, including all interrogation and programming	Yes		TMPPM	4/1/2024	12/31/9999	
Medicaid/CHIP	93799	Unlisted cardiovascular service or procedure	Yes	Interqual	None	4/1/2023	12/31/9999	
Medicaid/CHIP	95782	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	Yes		Texas Medicaid Provider Procedures Manual - Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook	1/1/2013	12/31/9999	
Medicaid/CHIP	95783	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bi-level ventilation, attended by a technologist	Yes		Texas Medicaid Provider Procedures Manual - Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook	1/1/2013	12/31/9999	
Medicaid/CHIP	95805	Multiple Sleep Latency Test, Multiple Trails	Yes		Texas Medicaid Provider Procedures Manual - Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook	4/1/2010	12/31/9999	
Medicaid/CHIP	95807	Sleep Study, Attended	Yes		Texas Medicaid Provider Procedures Manual - Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook	4/1/2010	12/31/9999	

Medicaid/CHIP	95808	Polysomnography; any age, sleep staging with 1-3 additional parameters of sleep, attended by a technologist	Yes		Texas Medicaid Provider Procedures Manual - Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook	4/1/2010	12/31/9999	
Medicaid/CHIP	95810	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	Yes		Texas Medicaid Provider Procedures Manual - Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook	4/1/2010	12/31/9999	
Medicaid/CHIP	95811	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by a technologist	Yes		Texas Medicaid Provider Procedures Manual - Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook	4/1/2010	12/31/9999	
Medicaid/CHIP	96130	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	Yes	2026 American Psychological Association Psychological and Neuropsychological Billing and Coding Guide	Texas Medicaid Provider Procedures Manual- Behavioral Health and Case Management Services Handbook	1/1/2019	12/31/9999	**Effective 10/1/2026 Refer to Optum for Prior Authorization** . **Optum UM Phone Number:** 877-614-0484 . **Optum Provider Portal**
Medicaid/CHIP	96131	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)	Yes	2026 American Psychological Association Psychological and Neuropsychological Billing and Coding Guide	Texas Medicaid Provider Procedures Manual- Behavioral Health and Case Management Services Handbook	1/1/2019	12/31/9999	**Effective 10/1/2026 Refer to Optum for Prior Authorization** . **Optum UM Phone Number:** 877-614-0484 . **Optum Provider Portal**
Medicaid/CHIP	96136	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes	Yes	2026 American Psychological Association Psychological and Neuropsychological Billing and Coding Guide	Texas Medicaid Provider Procedures Manual- Behavioral Health and Case Management Services Handbook	1/1/2019	12/31/9999	**Effective 10/1/2026 Refer to Optum for Prior Authorization** . **Optum UM Phone Number:** 877-614-0484 . **Optum Provider Portal**
Medicaid/CHIP	96137	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)	Yes	2026 American Psychological Association Psychological and Neuropsychological Billing and Coding Guide	Texas Medicaid Provider Procedures Manual- Behavioral Health and Case Management Services Handbook	1/1/2019	12/31/9999	**Effective 10/1/2026 Refer to Optum for Prior Authorization** . **Optum UM Phone Number:** 877-614-0484 . **Optum Provider Portal**

Medicaid/CHIP	96138	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes	Yes		None	1/1/2019	12/31/9999	
Medicaid/CHIP	96139	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)	Yes		None	1/1/2019	12/31/9999	
Medicaid/CHIP	97012	Application of a modality to 1 or more areas; traction, mechanical	Yes		Texas Medicaid Provider Procedures Manual - Physical Therapy, Occupational Therapy, And Speech Therapy Services Handbook	1/1/2009	12/31/9999	
Medicaid/CHIP	97016	Application of a modality to 1 or more areas; vasopneumatic devices	Yes		Texas Medicaid Provider Procedures Manual - Physical Therapy, Occupational Therapy, And Speech Therapy Services Handbook	1/1/2009	12/31/9999	
Medicaid/CHIP	97018	Application of a modality to 1 or more areas; paraffin bath	Yes		Texas Medicaid Provider Procedures Manual - Physical Therapy, Occupational Therapy, And Speech Therapy Services Handbook	1/1/2009	12/31/9999	
Medicaid/CHIP	97022	Application of a modality to 1 or more areas; whirlpool	Yes		Texas Medicaid Provider Procedures Manual - Physical Therapy, Occupational Therapy, And Speech Therapy Services Handbook	1/1/2009	12/31/9999	
Medicaid/CHIP	97024	Application of a modality to 1 or more areas; diathermy (eg, microwave)	Yes		Texas Medicaid Provider Procedures Manual - Physical Therapy, Occupational Therapy, And Speech Therapy Services Handbook	1/1/2009	12/31/9999	

Medicaid/CHIP	97026	Application of a modality to 1 or more areas; infrared	Yes		Texas Medicaid Provider Procedures Manual - Physical Therapy, Occupational Therapy, And Speech Therapy Services Handbook	1/1/2009	12/31/9999	
Medicaid/CHIP	97028	Application of a modality to 1 or more areas; ultraviolet	Yes		Texas Medicaid Provider Procedures Manual - Physical Therapy, Occupational Therapy, And Speech Therapy Services Handbook	1/1/2009	12/31/9999	
Medicaid/CHIP	97110	Therapeutic Proc, 1+ Areas, Each 15 Min; Therapeutic Exercises	Yes		Texas Medicaid Provider Procedures Manual - Physical Therapy, Occupational Therapy, And Speech Therapy Services Handbook	1/1/2009	12/31/9999	
Medicaid/CHIP	97112	Therapeutic Proc, 1+ Areas, Each 15 Min; Neuromuscular Reeducation	Yes		Texas Medicaid Provider Procedures Manual - Physical Therapy, Occupational Therapy, And Speech Therapy Services Handbook	1/1/2009	12/31/9999	
Medicaid/CHIP	97113	Therapeutic Proc, 1+ Areas, Each 15 Min; Aquatic Therapy W/Exercises	Yes		Texas Medicaid Provider Procedures Manual - Physical Therapy, Occupational Therapy, And Speech Therapy Services Handbook	1/1/2009	12/31/9999	
Medicaid/CHIP	97116	Therapeutic Proc, 1+ Areas, Each 15 Min; Gait Training (W/Stair Climbing)	Yes		Texas Medicaid Provider Procedures Manual - Physical Therapy, Occupational Therapy, And Speech Therapy Services Handbook	1/1/2009	12/31/9999	
Medicaid/CHIP	97124	Therapeutic Proc, 1+ Areas, Each 15 Min; Massage	Yes		Texas Medicaid Provider Procedures Manual - Physical Therapy, Occupational Therapy, And Speech Therapy Services Handbook	1/1/2009	12/31/9999	

Medicaid/CHIP	97140	Manual Therapy Techniques, 1+ Regions, Each 15 Min	Yes		Texas Medicaid Provider Procedures Manual - Physical Therapy, Occupational Therapy, And Speech Therapy Services Handbook	1/1/2009	12/31/9999	
Medicaid/CHIP	97150	Therapeutic Proc(S), Group, (2+ Individuals)	Yes		Texas Medicaid Provider Procedures Manual - Physical Therapy, Occupational Therapy, And Speech Therapy Services Handbook	1/1/2009	12/31/9999	
Medicaid/CHIP	97151	Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care professional's time face-to face with patient and/or guardian(s) /caregiver(s) administering assessments and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan	Yes	TX Medicaid Policy	Texas Medicaid Provider Procedures Manual - Children's Services Handbook	1/1/2019	12/31/9999	**Effective 10/1/2026 Refer to Optum for Prior Authorization** . **Optum UM Phone Number:** 877-614-0484 . **Optum Provider Portal**
Medicaid/CHIP	97153	Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patient, each 15 minutes	Yes	TX Medicaid Policy	Texas Medicaid Provider Procedures Manual - Children's Services Handbook	1/1/2019	12/31/9999	**Effective 10/1/2026 Refer to Optum for Prior Authorization** . **Optum UM Phone Number:** 877-614-0484 . **Optum Provider Portal**
Medicaid/CHIP	97154	Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with two or more patients, each 15 minutes	Yes	TX Medicaid Policy	Texas Medicaid Provider Procedures Manual - Children's Services Handbook	1/1/2019	12/31/9999	**Effective 10/1/2026 Refer to Optum for Prior Authorization** . **Optum UM Phone Number:** 877-614-0484 . **Optum Provider Portal**
Medicaid/CHIP	97155	Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of technician, face-to-face with one patient, each 15 minutes	Yes	TX Medicaid Policy	Texas Medicaid Provider Procedures Manual - Children's Services Handbook	1/1/2019	12/31/9999	**Effective 10/1/2026 Refer to Optum for Prior Authorization** . **Optum UM Phone Number:** 877-614-0484 . **Optum Provider Portal**
Medicaid/CHIP	97156	Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), each 15 minutes	Yes	TX Medicaid Policy	Texas Medicaid Provider Procedures Manual - Children's Services Handbook	1/1/2019	12/31/9999	**Effective 10/1/2026 Refer to Optum for Prior Authorization** . **Optum UM Phone Number:** 877-614-0484 . **Optum Provider Portal**

Medicaid/CHIP	97157	Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of guardians/caregivers, each 15 minutes	Yes		None	1/1/2019	12/31/9999	
Medicaid/CHIP	97158	Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face-to-face with multiple patients, each 15 minutes	Yes	TX Medicaid Policy	Texas Medicaid Provider Procedures Manual - Children's Services Handbook	1/1/2019	12/31/9999	**Effective 10/1/2026 Refer to Optum for Prior Authorization** **Optum UM Phone Number:** 877-614-0484 **Optum Provider Portal**
Medicaid/CHIP	97530	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	Yes		Texas Medicaid Provider Procedures Manual - Physical Therapy, Occupational Therapy, And Speech Therapy Services Handbook	1/1/2009	12/31/9999	
Medicaid/CHIP	97535	Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes	Yes		Texas Medicaid Provider Procedures Manual - Physical Therapy, Occupational Therapy, And Speech Therapy Services Handbook	4/6/2015	12/31/9999	
Medicaid/CHIP	97537	Community/work reintegration training (eg, shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact, each 15 minutes	Yes		Texas Medicaid Provider Procedures Manual - Physical Therapy, Occupational Therapy, And Speech Therapy Services Handbook	1/1/2009	12/31/9999	
Medicaid/CHIP	97750	Physical Performance Test, W/Written Report, Each 15 Min	Yes		Texas Medicaid Provider Procedures Manual - Physical Therapy, Occupational Therapy, And Speech Therapy Services Handbook	1/1/2009	12/31/9999	
Medicaid/CHIP	97799	Unlisted Physical Medicine/Rehabilitation Service/Proc	Yes		Texas Medicaid Provider Procedures Manual - Physical Therapy, Occupational Therapy, And Speech Therapy Services Handbook	4/6/2015	12/31/9999	

Medicaid/CHIP	99183	Physician or other qualified health care professional attendance and supervision of hyperbaric oxygen therapy, per session	Yes		Texas Medicaid Provider Procedures Manual - Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook: 9.2.32.1 Prior Authorization for HBOT	10/1/2019	12/31/9999	
Medicaid/CHIP	99366	Medical team conference	Yes		TMPPM	4/1/2023	12/31/9999	
Medicaid/CHIP	00170	Anesthesia for intraoral procedures, including biopsy; not otherwise specified	Yes		TMPPM	4/1/2023	12/31/9999	
Medicaid/CHIP	A0424	Extra Ambulance Attendant	Yes		Texas Medicaid Provider Procedures Manual - Ambulance Services Handbook: 2.4.7 Nonemergency Transport Billing	8/1/2014	12/31/9999	
Medicaid/CHIP	A0425	Ground Mileage	Yes		Texas Medicaid Provider Procedures Manual - Ambulance Services Handbook: 2.4.7 Nonemergency Transport Billing	8/1/2014	12/31/9999	
Medicaid/CHIP	A0426	Als 1	Yes		Texas Medicaid Provider Procedures Manual - Ambulance Services Handbook: 2.4.7 Nonemergency Transport Billing	8/1/2014	12/31/9999	
Medicaid/CHIP	A0428	Bls	Yes		Texas Medicaid Provider Procedures Manual - Ambulance Services Handbook: 2.4.7 Nonemergency Transport Billing	8/1/2014	12/31/9999	

Medicaid/CHIP	A0430	Fixed Wing Air Transport	Yes		Texas Medicaid Provider Procedures Manual - Ambulance Services Handbook: 2.4.7 Nonemergency Transport Billing	1/1/2011	12/31/9999	
Medicaid/CHIP	A0431	Rotary Wing Air Transport	Yes		Texas Medicaid Provider Procedures Manual - Ambulance Services Handbook: 2.4.7 Nonemergency Transport Billing	1/1/2011	12/31/9999	
Medicaid/CHIP	A0433	Als 2	Yes		Texas Medicaid Provider Procedures Manual - Ambulance Services Handbook: 2.4.7 Nonemergency Transport Billing	8/1/2014	12/31/9999	
Medicaid/CHIP	A0434	Specialty Care Transport	Yes		Texas Medicaid Provider Procedures Manual - Ambulance Services Handbook: 2.4.7 Nonemergency Transport Billing	8/1/2014	12/31/9999	
Medicaid/CHIP	A0435	Fixed Wing Air Mileage	Yes		Texas Medicaid Provider Procedures Manual - Ambulance Services Handbook: 2.4.7 Nonemergency Transport Billing	1/1/2011	12/31/9999	
Medicaid/CHIP	A0436	Rotary Wing Air Mileage	Yes		Texas Medicaid Provider Procedures Manual - Ambulance Services Handbook: 2.4.7 Nonemergency Transport Billing	1/1/2011	12/31/9999	
Medicaid/CHIP	A4541	Monthly supplies for use of device coded at E0733	Yes		TMPPM	4/1/2024	12/31/9999	

Medicaid/CHIP	A9513	Lutetium Lu 177, dotatate, therapeutic, 1 mCi	Yes		Texas Medicaid Provider Procedures Manual - Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook	3/1/2021	12/31/9999	
Medicaid/CHIP	A9542	Indium, In-111 ibritumomab tiuxetan, diagnostic, per study	Yes		Texas Medicaid Provider Procedures Manual - Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook	4/1/2023	12/31/9999	
Medicaid/CHIP	A9543	Yttrium Y-90 ibritumomab tiuxetan, therapeutic, per treatment dose, up to 40 millicuries	Yes		Texas Medicaid Provider Procedures Manual - Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook	3/1/2021	12/31/9999	
Medicaid/CHIP	B4103	EF ped fluid and electrolyte	Yes		Texas Medicaid Provider Procedures Manual - Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook	6/1/2012	12/31/9999	
Medicaid/CHIP	B4149	Enteral formula, manufactured blenderized natural foods with intact nutrients, includes proteins, fats, carbohydrates, v	Yes		Texas Medicaid Provider Procedures Manual - Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook	6/1/2012	12/31/9999	
Medicaid/CHIP	B4150	Enteral formula, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Yes		Texas Medicaid Provider Procedures Manual - Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook	6/1/2012	12/31/9999	
Medicaid/CHIP	B4152	Enteral formula, nutritionally complete, calorically dense (equal to or greater than 1.5 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Yes		Texas Medicaid Provider Procedures Manual - Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook	6/1/2012	12/31/9999	

Medicaid/CHIP	B4153	Enteral formula, nutritionally complete, hydrolyzed proteins (amino acids and peptide chain), includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Yes		Texas Medicaid Provider Procedures Manual - Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook	6/1/2012	12/31/9999	
Medicaid/CHIP	B4154	Enteral formula, nutritionally complete, for special metabolic needs, excludes inherited disease of metabolism, includes altered composition of proteins, fats, carbohydrates, vitamins and/or minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Yes		Texas Medicaid Provider Procedures Manual - Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook	6/1/2012	12/31/9999	
Medicaid/CHIP	B4155	Enteral formula, nutritionally incomplete/modular nutrients, includes specific nutrients, carbohydrates (e.g., glucose polymers), proteins/amino acids (e.g., glutamine, arginine), fat (e.g., medium chain triglycerides) or combination, administered through an enteral feeding tube, 100 calories = 1 unit	Yes		Texas Medicaid Provider Procedures Manual - Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook	6/1/2012	12/31/9999	
Medicaid/CHIP	B4157	Enteral formula, nutritionally complete, for special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Yes		Texas Medicaid Provider Procedures Manual - Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook	6/1/2012	12/31/9999	
Medicaid/CHIP	B4158	Enteral formula, for pediatrics, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit	Yes		Texas Medicaid Provider Procedures Manual - Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook	6/1/2012	12/31/9999	
Medicaid/CHIP	B4159	Enteral formula, for pediatrics, nutritionally complete soy based with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit	Yes		Texas Medicaid Provider Procedures Manual - Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook	6/1/2012	12/31/9999	
Medicaid/CHIP	B4160	EF ped caloric dense>/=0.7kc	Yes		Texas Medicaid Provider Procedures Manual - Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook	6/1/2012	12/31/9999	

Medicaid/CHIP	B4161	EF ped hydrolyzed/amino acid	Yes		Texas Medicaid Provider Procedures Manual - Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook	6/1/2012	12/31/9999	
Medicaid/CHIP	B4162	EF ped specmetabolic inherit	Yes		Texas Medicaid Provider Procedures Manual - Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook	6/1/2012	12/31/9999	
Medicaid/CHIP	C1607	Neurostimulator, integrated (implantable), rechargeable with all implantable and external components including charging system	Yes		TMPPM	9/1/2026	12/31/9999	
Medicaid/CHIP	C7556	Bronchoscopy, rigid or flexible, with bronchial alveolar lavage and transendoscopic endobronchial ultrasound (ebus) during bronchoscopic diagnostic or therapeutic intervention(s) for peripheral lesion(s), including fluoroscopic guidance, when performed	Yes		TMPPM	4/1/2024	12/31/9999	
Medicaid/CHIP	C8007	Open implant hypoglossal nerve stimulator and pulse generator	Yes		TMPPM	9/1/2026	12/31/9999	
Medicaid/CHIP	C8011	Open implant hypoglossal nerve stimulator electrodes	Yes		TMPPM	9/1/2026	12/31/9999	
Medicaid/CHIP	C9311	Injection, eplontersen, 1 mg	Yes		TMPPM	11/1/2026	12/31/9999	

Medicaid/CHIP	C9313	Injection, pivekimab sunirine-pvzy, 0.01 mg	Yes		TMPPM	11/1/2026	12/31/9999	
Medicaid/CHIP	C9772	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies), with intravascular lithotripsy, includes angioplasty within the same vessel(s), when performed	Yes	Interqual	None	1/1/2021	12/31/9999	
Medicaid/CHIP	C9773	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy, and transluminal stent placement(s), includes angioplasty	Yes	Interqual	None	1/1/2021	12/31/9999	
Medicaid/CHIP	C9774	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy and atherectomy, includes angioplasty within the same vessel(s), when performed	Yes	Interqual	None	1/1/2021	12/31/9999	
Medicaid/CHIP	C9775	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy and transluminal stent placement(s), and atherectomy, includes angioplasty within the same vessel(s), when performed	Yes	Interqual	None	1/1/2021	12/31/9999	
Medicaid/CHIP	D7940	Osteoplasty - For Orthognathic Deformities	Yes	Interqual	None	8/1/2013	12/31/9999	
Medicaid/CHIP	D7941	Osteotomy - Mandibular Rami	Yes	Interqual	None	8/1/2013	12/31/9999	

Medicaid/CHIP	D7943	Osteotomy - Mandibular Rami With Bone Graft; Includes Obtaining The Graft	Yes	Interqual	None	8/1/2013	12/31/9999	
Medicaid/CHIP	D7944	OSTEOTOMY-SEGMENTED OR SUBAPICAL	Yes	Interqual	None	8/1/2013	12/31/9999	
Medicaid/CHIP	D7945	osteotomy - body of mandible	Yes	Interqual	None	8/1/2013	12/31/9999	
Medicaid/CHIP	D7946	LeFort I (maxilla - total)	Yes	Interqual	None	8/1/2013	12/31/9999	
Medicaid/CHIP	D7947	Lefort I (Maxilla - Segmented)	Yes	Interqual	None	8/1/2013	12/31/9999	
Medicaid/CHIP	D7948	LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion) - without bone graft	Yes	Interqual	None	8/1/2013	12/31/9999	
Medicaid/CHIP	D7949	Lefort Ii Or Lefort Iii - With Bone Graft	Yes	Interqual	None	8/1/2013	12/31/9999	

Medicaid/CHIP	D7950	Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogenous or nonautogenous, by report	Yes	Interqual	None	8/1/2013	12/31/9999	
Medicaid/CHIP	D7996	Implant-Mandible For Augmentation Purposes (Excluding Alveolar Ridge), By Report	Yes	Interqual	None	8/1/2013	12/31/9999	
Medicaid/CHIP	D9130	Temporomandibular Joint Dysfunction - Non-Invasive Physical Therapies	Yes	Interqual	None	11/1/2019	12/31/9999	
Medicaid/CHIP	E0328	Hospital bed, pediatric, manual, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 inches above the spring, includes mattress	Yes		TMPPM	5/1/2026	12/31/9999	
Medicaid/CHIP	E0329	Hospital bed, pediatric, electric or semi-electric, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 inches above the spring, includes mattress	Yes		TMPPM	5/1/2026	12/31/9999	
Medicaid/CHIP	E0431	Portable gaseous oxygen	Yes		TMPPM	4/1/2023	12/31/9999	
Medicaid/CHIP	E0439	Stationary liquid oxygen	Yes		TMPPM	4/1/2023	12/31/9999	

Medicaid/CHIP	E0466	Home ventilator, any type, used with non-invasive interface, (e.g., mask, chest shell)	Yes		Texas Medicaid Provider Procedures Manual - Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook	1/1/2016	12/31/9999	
Medicaid/CHIP	E0467	Home ventilator, multi-function respiratory device, also performs any or all of the additional functions of oxygen concentration, drug nebulization, aspiration, and cough stimulation, includes all accessories, components and supplies for all functions	Yes		TMPPM	12/1/2025	12/31/9999	
Medicaid/CHIP	E0468	Home ventilator, dual-function respiratory device, also performs additional function of cough stimulation, includes all accessories, components and supplies for all functions	Yes		TMPPM	8/1/2025	12/31/9999	
Medicaid/CHIP	E0470	Respiratory assist device, bi-level pressure capability, without backup rate	Yes		Texas Medicaid Provider Procedures Manual - Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook	9/1/2014	12/31/9999	
Medicaid/CHIP	E0471	Respiratory assist device, bi-level pressure capability, with back-up rate	Yes		Texas Medicaid Provider Procedures Manual - Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook	9/1/2014	12/31/9999	
Medicaid/CHIP	E0480	Electrical percussor. Mucus clearance device	Yes		TMPPM	4/1/2023	12/31/9999	
Medicaid/CHIP	E0482	Cough stimulating device, alternating positive and negative airway pressure	Yes		TMPPM	9/1/2022	12/31/9999	

Medicaid/CHIP	E0483	High frequency chest wall oscillation system, includes all accessories and supplies, each	Yes		Texas Medicaid Provider Procedures Manual - Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook	1/1/2003	12/31/9999	
Medicaid/CHIP	E0561	Humidifier, non-heated, used with positive airway pressure device	Yes		Texas Medicaid Provider Procedures Manual - Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook	9/1/2017	12/31/9999	
Medicaid/CHIP	E0562	Humidifier, heated, used with positive airway pressure device	Yes		Texas Medicaid Provider Procedures Manual - Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook	9/1/2017	12/31/9999	
Medicaid/CHIP	E0601	Continuous positive airway pressure (cpap) device	Yes		Texas Medicaid Provider Procedures Manual - Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook	9/1/2014	12/31/9999	
Medicaid/CHIP	E0604	Breast pump, hospital grade, electric (AC and/or DC), any type	Yes		Texas Medicaid Provider Procedures Manual - Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook	1/1/2003	12/31/9999	
Medicaid/CHIP	E0617	External defibrillator	Yes		TMPPM	4/1/2023	12/31/9999	
Medicaid/CHIP	E0652	Pneumatic compression device, segmental home model, with calibrated gradient	Yes	Interqual		4/1/2023	12/31/9999	

Medicaid/CHIP	E0676	INTERMITTENT LIMB COMPRESSION DEVICE (INCLUDES ALL ACCESSORIES), NOT OTHERWISE	Yes		TMPPM	12/1/2019	12/31/9999	
Medicaid/CHIP	E0683	Non-pneumatic, non-sequential, peristaltic wave compression pump	Yes		TMPPM	2/1/2025	12/31/9999	
Medicaid/CHIP	E0733	Transcutaneous electrical nerve stimulator for electrical stimulation of the trigeminal nerve	Yes		TMPPM	4/1/2024	12/31/9999	
Medicaid/CHIP	E0747	Elec Osteogen Stim Not Spine	Yes		TMPPM: Durable Medical Equipment, Medical Supplies and Nutritional Products Handbook	1/1/2003	12/31/9999	
Medicaid/CHIP	E0748	Elec Osteogen Stim Spinal	Yes		TMPPM: Durable Medical Equipment, Medical Supplies and Nutritional Products Handbook	1/1/2003	12/31/9999	
Medicaid/CHIP	E0749	Elec Osteogen Stim Implanted	Yes		TMPPM: Durable Medical Equipment, Medical Supplies and Nutritional Products Handbook	1/1/2003	12/31/9999	
Medicaid/CHIP	E0760	Osteogen Ultrasound Stimltor	Yes		TMPPM: Durable Medical Equipment, Medical Supplies and Nutritional Products Handbook	1/1/2003	12/31/9999	

Medicaid/CHIP	E1022	Wheelchair transportation securement system, any type includes all components and accessories	Yes		TMPPM	8/1/2025	12/31/9999	
Medicaid/CHIP	E1032	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware used with joystick or other drive control interface	Yes		TMPPM	8/1/2025	12/31/9999	
Medicaid/CHIP	E1033	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for headrest, cushioned, any type	Yes		TMPPM	8/1/2025	12/31/9999	
Medicaid/CHIP	E1034	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for lateral trunk or hip support, any type	Yes		TMPPM	8/1/2025	12/31/9999	
Medicaid/CHIP	E1353	Oxygen Supplies Regulator	Yes		TMPPM: Durable Medical Equipment, Medical Supplies and Nutritional Products Handbook	1/1/2015	12/31/9999	
Medicaid/CHIP	E1390	Oxygen concentrator	Yes		TMPPM	4/1/2023	12/31/9999	
Medicaid/CHIP	E1399	Durable medical equipment, miscellaneous	Yes		None	9/1/2014	12/31/9999	

Medicaid/CHIP	E1803	Dynamic adjustable elbow extension only device, includes soft interface material	Yes		TMPPM	4/1/2025	12/31/9999	
Medicaid/CHIP	E1804	Dynamic adjustable elbow flexion only device, includes soft interface material	Yes		TMPPM	4/1/2025	12/31/9999	
Medicaid/CHIP	E1807	Dynamic adjustable wrist extension only device, includes soft interface material	Yes		TMPPM	4/1/2025	12/31/9999	
Medicaid/CHIP	E1808	Dynamic adjustable wrist flexion only device, includes soft interface material	Yes		TMPPM	4/1/2025	12/31/9999	
Medicaid/CHIP	E1813	Dynamic adjustable knee extension only device, includes soft interface material	Yes		TMPPM	4/1/2025	12/31/9999	
Medicaid/CHIP	E1814	Dynamic adjustable knee flexion only device, includes soft interface material	Yes		TMPPM	4/1/2025	12/31/9999	
Medicaid/CHIP	E1822	Dynamic adjustable ankle extension only device, includes soft interface material	Yes		TMPPM	4/1/2025	12/31/9999	

Medicaid/CHIP	E1823	Dynamic adjustable ankle flexion only device, includes soft interface material	Yes		TMPPM	4/1/2025	12/31/9999	
Medicaid/CHIP	E1826	Dynamic adjustable finger extension only device, includes soft interface material	Yes		TMPPM	4/1/2025	12/31/9999	
Medicaid/CHIP	E1827	Dynamic adjustable finger flexion only device, includes soft interface material	Yes		TMPPM	4/1/2025	12/31/9999	
Medicaid/CHIP	E1828	Dynamic adjustable toe extension only device, includes soft interface material	Yes		TMPPM	4/1/2025	12/31/9999	
Medicaid/CHIP	E1829	Dynamic adjustable toe flexion only device, includes soft interface material	Yes		TMPPM	4/1/2025	12/31/9999	
Medicaid/CHIP	E1832	Static progressive stretch finger device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories	Yes		TMPPM	8/1/2025	12/31/9999	
Medicaid/CHIP	E2298	Complex rehabilitative power wheelchair accessory, power seat elevation system, any type	Yes		TMPPM	7/1/2024	12/31/9999	

Medicaid/CHIP	E2504	Speech generating device, digitized speech, using pre-recorded messages, 20-40 min.	Yes		TMPPM: Durable Medical Equipment, Medical Supplies and Nutritional Products Handbook	1/1/2009	12/31/9999	
Medicaid/CHIP	E2510	Speech generating device, synthesized speech, permitting multiple methods	Yes		TMPPM: Durable Medical Equipment, Medical Supplies and Nutritional Products Handbook	1/1/2009	12/31/9999	
Medicaid/CHIP	E2511	Speech generating software program, for personal computer or personal digital assistant	Yes		TMPPM: Durable Medical Equipment, Medical Supplies and Nutritional Products Handbook	1/1/2009	12/31/9999	
Medicaid/CHIP	E2599	Accessory for speech generating device, not otherwise classified	Yes		TMPPM: Durable Medical Equipment, Medical Supplies and Nutritional Products Handbook	11/1/2019	12/31/9999	
Medicaid/CHIP	G0156	Services of HH/hospice aide in home health or hospice setting, each 15 min	Yes		TMPPM	4/1/2023	12/31/9999	
Medicaid/CHIP	G0277	Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval	Yes		Texas Medicaid Provider Procedures Manual - Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook: 9.2.32.1 Prior Authorization for HBOT	10/1/2019	12/31/9999	
Medicaid/CHIP	G0299	Direct skilled nursing services of a registered nurse (RN) in the home health or hospice setting, each 15 minutes	Yes		Texas Medicaid Provider Procedures Manual - Home Health Nursing and Private Duty Nursing Services Handbook 1	1/1/2016	12/31/9999	

Medicaid/CHIP	G0300	Direct skilled nursing services of a license practical nurse (LPN) in the home health or hospice setting, each 15 minutes	Yes		Texas Medicaid Provider Procedures Manual - Home Health Nursing and Private Duty Nursing Services Handbook 1	1/1/2016	12/31/9999	
Medicaid/CHIP	G0330	Facility services for dental rehabilitation procedure(s) performed on a patient who requires monitored anesthesia (e.g., general, intravenous sedation (monitored anesthesia care) and use of an operating room	Yes		TMPPM	8/1/2025	12/31/9999	
Medicaid/CHIP	G0563	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance and real-time positron emissions-based delivery adjustments to 1 or more lesions, entire course not to exceed 5 fractions	Yes		TMPPM	4/1/2025	12/31/9999	
Medicaid/CHIP	H0012	Alcohol and/or drug services; subacute detoxification (residential addiction program outpatient)	Yes	ASAM	Texas Medicaid Provider Procedures Manual - Behavioral Health and Case Management Services Handbook	2/15/2017	12/31/9999	**Effective 10/1/2026 Refer to Optum for Prior Authorization** . **Optum UM Phone Number:** 877-614-0484 . **Optum Provider Portal**
Medicaid/CHIP	H0016	Alcohol and/or drug services; medical/somatic (medical intervention in ambulatory setting)	Yes		Texas Medicaid Provider Procedures Manual - Behavioral Health and Case Management Services Handbook	2/15/2017	12/31/9999	
Medicaid/CHIP	H0036	Community psychiatric supportive treatment, face-to-face, per 15 minutes	Yes		None	1/1/2009	12/31/9999	
Medicaid/CHIP	H0037	Community psychiatric supportive treatment program, per diem	Yes		None	1/1/2009	12/31/9999	

Medicaid/CHIP	H0047	Alcohol and/or other drug abuse services, not otherwise specified	Yes		Texas Medicaid Provider Procedures Manual - Behavioral Health and Case Management Services Handbook	2/15/2017	12/31/9999	
Medicaid/CHIP	H0050	Alcohol and/or drug services, brief intervention, per 15 minutes	Yes		Texas Medicaid Provider Procedures Manual - Behavioral Health and Case Management Services Handbook	2/15/2017	12/31/9999	
Medicaid/CHIP	H2015	Comprehensive community support services, per 15 minutes	Yes		None	1/1/2009	12/31/9999	
Medicaid/CHIP	H2016	Comprehensive community support services, per diem	Yes		None	1/1/2009	12/31/9999	
Medicaid/CHIP	H2019	Therapeutic behavioral services, per 15 minutes	Yes		None	1/1/2010	12/31/9999	
Medicaid/CHIP	H2021	Community-based wrap-around services, per 15 minutes	Yes		None	1/1/2009	12/31/9999	
Medicaid/CHIP	H2023	Supported employment, per 15 minutes	Yes		None	10/1/2019	12/31/9999	

Medicaid/CHIP	H2025	Ongoing support to maintain employment, per 15 minutes	Yes		None	10/1/2019	12/31/9999	
Medicaid/CHIP	H2035	Alcohol and/or other drug treatment program, per hour	Yes	ASAM	None	10/1/2015	12/31/9999	**Effective 10/1/2026 Refer to Optum for Prior Authorization** **Optum UM Phone Number:** 877-614-0484 **Optum Provider Portal**
Medicaid/CHIP	H2036	Alcohol and/or other drug treatment program, per diem	Yes		None	9/1/2022	12/31/9999	
Medicaid/CHIP	J0013	Esketamine, nasal spray, 1 mg	Yes		TMPPM	4/1/2026	12/31/9999	
Medicaid/CHIP	J0129	Injection, abatacept, 10 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)	Yes		Texas Medicaid Provider Procedures Manual - Outpatient Drug Services Handbook	1/1/2009	12/31/9999	
Medicaid/CHIP	J0139	Injection, adalimumab, 1 mg	Yes		TMPPM	4/1/2025	12/31/9999	
Medicaid/CHIP	J0174	Lecanemab-irmb, for intravenous injection, 1 mg	Yes		TMPPM	1/1/2024	12/31/9999	

Medicaid/CHIP	J0175	Injection, donanemab-azbt, 2 mg	Yes		TMPPM	1/1/2025	12/31/9999	
Medicaid/CHIP	J0177	Injection, aflibercept hd, 1 mg	Yes		TMPPM	7/1/2024	12/31/9999	
Medicaid/CHIP	J0178	Injection, aflibercept, 1 mg	Yes	Interqual	None	1/1/2013	12/31/9999	
Medicaid/CHIP	J0179	Injection, brolucizumab-dbll, 1 mg	Yes		TMPPM: Outpatient Drug Services Handbook 1 General Information	1/1/2020	12/31/9999	
Medicaid/CHIP	J0180	Agalsidase beta injection	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	J0185	Injection, aprepitant, 1 mg	Yes	Interqual	None	5/1/2019	12/31/9999	
Medicaid/CHIP	J0202	Injection, alemtuzumab, 1 mg	Yes		TMPPM: Outpatient Drug Services Handbook 1 General Information	1/1/2016	12/31/9999	

Medicaid/CHIP	J0217	Injection, velmanase alfa-tycv, 1 mg	Yes		TMPPM	4/1/2024	12/31/9999	
Medicaid/CHIP	J0218	Injection, olipudase alfa-rpcp,1mg	Yes		TMPPM: Outpatient Drug Services Handbook 6.36 Enzyme Replacement Therapy (ERT)	11/1/2023	12/31/9999	
Medicaid/CHIP	J0219	Injection, avalglucosidease, alfa	Yes		TMPPM	4/1/2023	12/31/9999	
Medicaid/CHIP	J0221	Injection, alglucosidase alfa, (Lumizyme), 10 mg	Yes		TMPPM: Outpatient Drug Services Handbook 1 General Information	1/1/2012	12/31/9999	
Medicaid/CHIP	J0222	Injection, patisiran, 0.1 mg	Yes		TMPPM	4/1/2023	12/31/9999	
Medicaid/CHIP	J0225	Injection, vutrisiran, 1 mg	Yes		TMPPM	4/1/2023	12/31/9999	
Medicaid/CHIP	J0490	Injection, belimumab, 10 mg	Yes		TMPPM: Outpatient Drug Services Handbook 1 General Information	1/1/2012	12/31/9999	

Medicaid/CHIP	J0491	Injection, anifrolumab-fnia, 1mg	Yes		TMPPM	4/1/2023	12/31/9999	
Medicaid/CHIP	J0517	Injection, benralizumab, 1 mg	Yes		TMPPM: Outpatient Drug Services Handbook 1 General Information	1/1/2019	12/31/9999	
Medicaid/CHIP	J0567	Injection, cerliponase alfa, 1 mg	Yes		TMPPM: Outpatient Drug Services Handbook 1 General Information	1/1/2019	12/31/9999	
Medicaid/CHIP	J0584	Injection, burosumab-twza 1 mg	Yes		TMPPM: Outpatient Drug Services Handbook 1 General Information	5/1/2019	12/31/9999	
Medicaid/CHIP	J0585	Injection, Onabotulinumtoxina, 1 Unit	Yes		TMPPM: Outpatient Drug Services Handbook 1 General Information	1/1/2003	12/31/9999	
Medicaid/CHIP	J0586	Injection, Abobotulinumtoxina, 5 Units	Yes		TMPPM: Outpatient Drug Services Handbook 1 General Information	1/1/2010	12/31/9999	
Medicaid/CHIP	J0587	Injection, Rimabotulinumtoxinb, 100 Units	Yes		TMPPM: Outpatient Drug Services Handbook 1 General Information	1/1/2003	12/31/9999	

Medicaid/CHIP	J0588	Injection, incobotulinumtoxinA, 1 unit	Yes		TMPPM: Outpatient Drug Services Handbook 1 General Information	1/1/2012	12/31/9999	
Medicaid/CHIP	J0596	Injection, c1 esterase inhibitor (recombinant), ruconest, 10 units	Yes		TMPPM: Outpatient Drug Services Handbook 1 General Information	1/1/2016	12/31/9999	
Medicaid/CHIP	J0597	Injection, c-1 esterase inhibitor, human	Yes		TMPPM: Outpatient Drug Services Handbook 1 General Information	8/1/2023	12/31/9999	
Medicaid/CHIP	J0598	Injection, c-1 esterase inhibitor (human), cinryze, 10 units	Yes		TMPPM: Outpatient Drug Services Handbook 1 General Information	1/1/2010	12/31/9999	
Medicaid/CHIP	J0599	Injection, C-1 esterase inhibitor (human), (Haegarda), 10 units	Yes		TMPPM: Outpatient Drug Services Handbook 1 General Information	1/1/2019	12/31/9999	
Medicaid/CHIP	J0614	Injection, treosulfan, 50 mg	Yes		TMPPM	2/1/2026	12/31/9999	
Medicaid/CHIP	J0638	Injection, canakinumab, 1 mg	Yes	Interqual	None	1/1/2011	12/31/9999	

Medicaid/CHIP	J0717	Injection, certolizumab pegol, 1 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)	Yes		TMPPM: Outpatient Drug Services Handbook 1 General Information	1/1/2014	12/31/9999	
Medicaid/CHIP	J0791	Injection, crizanlizumab-tmca, 5 mg	Yes		TMPPM: Outpatient Drug Services Handbook 1 General Information	7/1/2020	12/31/9999	
Medicaid/CHIP	J0801	injection, corticotropin (Acthar gel)	Yes		TMPPM	1/1/2024	12/31/9999	
Medicaid/CHIP	J0802	injection, corticotropin ani (Cortrophin)	Yes		TMPPM	1/1/2024	12/31/9999	
Medicaid/CHIP	J0870	Injection, imetelstat, 1 mg	Yes		TMPPM	4/1/2025	12/31/9999	
Medicaid/CHIP	J0881	Injection, darbepoetin alfa, 1 mcg (non-ESRD use)	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	J0882	Injection, darbepoetin alfa, 1 mcg (for ESRD on dialysis)	Yes		TMPPM: Outpatient Drug Services Handbook 1 General Information	1/1/2009	12/31/9999	

Medicaid/CHIP	J0885	Injection, epoetin alfa, (for non-ESRD use), 1000 units	Yes		TMPPM: Outpatient Drug Services Handbook 1 General Information	1/1/2009	12/31/9999	
Medicaid/CHIP	J0887	Injection, epoetin beta, 1 microgram, (for esrd on dialysis)	Yes		TMPPM: Outpatient Drug Services Handbook 1 General Information	1/1/2015	12/31/9999	
Medicaid/CHIP	J0888	Injectin, epoetin beta, 1 microgram, (for non esrd use)	Yes		TMPPM: Outpatient Drug Services Handbook 1 General Information	1/1/2015	12/31/9999	
Medicaid/CHIP	J0896	Injection, luspatercept-aamt, 0.25 mg	Yes		TMPPM: Outpatient Drug Services Handbook 1 General Information	11/1/2020	12/31/9999	
Medicaid/CHIP	J0897	Injection, denosumab, 1 mg	Yes	Interqual	None	1/1/2012	12/31/9999	
Medicaid/CHIP	J1000	Injection, depo-estradiol cypionate, up to 5 mg	Yes		TMPPM	3/1/2024	12/31/9999	
Medicaid/CHIP	J1071	Injection, testosterone cypionate, 1mg	Yes	Interqual	None	9/1/2019	12/31/9999	

Medicaid/CHIP	J1072	Injection, testosterone cypionate (azmiro), 1 mg	Yes		TMPPM	8/1/2025	12/31/9999	
Medicaid/CHIP	J1073	Testosterone pellet, implant, 75 mg	Yes		TMPPM	4/1/2026	12/31/9999	
Medicaid/CHIP	J1202	Miglustat, oral, 65 mg	Yes		TMPPM	7/1/2024	12/31/9999	
Medicaid/CHIP	J1203	Injection, cipaglucosidase alfa-atga, 5 mg	Yes		TMPPM	7/1/2024	12/31/9999	
Medicaid/CHIP	J1289	Injection, narsoplimab-wuug, 1 mg	Yes		TMPPM	9/1/2026	12/31/9999	
Medicaid/CHIP	J1299	Injection, eculizumab, 2 mg	Yes		TMPPM	8/1/2025	12/31/9999	
Medicaid/CHIP	J1301	Injection, edaravone, 1 mg	Yes		TMPPM: Outpatient Drug Services Handbook 1 General Information	5/1/2019	12/31/9999	

Medicaid/CHIP	J1303	Injection, ravulizumab-cwvz, 10 mg	Yes		TMPPM: Outpatient Drug Services Handbook 1 General Information	3/1/2021	12/31/9999	
Medicaid/CHIP	J1304	Injection, tofersen, 1 mg	Yes		TMPPM: Outpatient Drug Services Handbook 1 General Information	3/1/2024	12/31/9999	
Medicaid/CHIP	J1307	Injection, crovalimab-akkz, 10 mg	Yes		TMPPM	4/1/2025	12/31/9999	
Medicaid/CHIP	J1322	Injection, elosulfase alfa, 1mg	Yes		TMPPM: Outpatient Drug Services Handbook 1 General Information	4/1/2018	12/31/9999	
Medicaid/CHIP	J1323	Injection, elranatamab-bcmm, 1 mg	Yes		TMPPM	7/1/2024	12/31/9999	
Medicaid/CHIP	J1325	Epoprostenol Injection	Yes	Interqual	None	1/1/2003	12/31/9999	
Medicaid/CHIP	J1326	Injection, zolbetuximab-clzb, 2 mg	Yes		TMPPM	12/1/2025	12/31/9999	

Medicaid/CHIP	J1380	Injection, estradiol valerate, up to 10 mg	Yes		TMPPM	3/1/2024	12/31/9999	
Medicaid/CHIP	J1411	Injection, etranacogene dezaparvovec-drib, per therapeutic dose	Yes		TMPPM: Outpatient Drug Services Handbook	11/1/2023	12/31/9999	
Medicaid/CHIP	J1412	Injection, valoctocogene roxaparvovec-rvox, per ml, containing nominal 2 x 10^13 vector genomes	Yes		TMPPM: Outpatient Drug Services Handbook	4/1/2024	12/31/9999	
Medicaid/CHIP	J1413	Injection, delandistrogene moxeparvovec-rokl, per therapeutic dose	Yes		TMPPM: Outpatient Drug Services Handbook	4/1/2024	12/31/9999	
Medicaid/CHIP	J1426	Injection, casimersen, 10 mg	Yes		TMPPM: Outpatient Drug Services Handbook 1 General Information	10/1/2021	12/31/9999	
Medicaid/CHIP	J1427	Injection, viltolarsen, 10 mg	Yes		TMPPM: Outpatient Drug Services Handbook 1 General Information	4/1/2021	12/31/9999	
Medicaid/CHIP	J1428	Injection, eteplirsen, 10 mg	Yes		TMPPM: Outpatient Drug Services Handbook 1 General Information	6/1/2018	12/31/9999	

Medicaid/CHIP	J1429	Injection, golodirsen, 10 mg	Yes		TMPPM: Outpatient Drug Services Handbook 1 General Information	7/1/2020	12/31/9999	
Medicaid/CHIP	J1438	Etanercept Injection	Yes	Interqual	None	1/1/2003	12/31/9999	
Medicaid/CHIP	J1440	Fecal microbiota, live-jslm, 1ml	Yes	Interqual	TMPPM: Outpatient Drug Services Handbook 6.42 Fecal Microbiota	11/1/2023	12/31/9999	
Medicaid/CHIP	J1454	Injection, fosnetupitant 235 mg and palonosetron 0.25 mg	Yes	Interqual	None	5/1/2019	12/31/9999	
Medicaid/CHIP	J1458	INJECTION, GALSULFASE, 1 MG	Yes		TMPPM: Outpatient Drug Services Handbook 1 General Information	1/1/2009	12/31/9999	
Medicaid/CHIP	J1459	Injection, immune globulin (Privigen), intravenous, nonlyophilized (e.g., liquid), 500 mg	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	J1460	Gamma Globulin 1 Cc Inj	Yes	Interqual	None	3/1/2021	12/31/9999	

Medicaid/CHIP	J1552	Injection, immune globulin (alyglo), 500 mg	Yes		TMPPM	4/1/2025	12/31/9999	
Medicaid/CHIP	J1554	Injection, immune globulin (asceniv), 500 mg	Yes	Interqual	None	4/1/2021	12/31/9999	
Medicaid/CHIP	J1555	Injection, immune globulin (Cuvitru), 100 mg	Yes	Interqual	None	1/1/2018	12/31/9999	
Medicaid/CHIP	J1556	Injection, immune globulin (bivigam), 500 mg	Yes	Interqual	None	1/1/2014	12/31/9999	
Medicaid/CHIP	J1557	Injection, immune globulin, (Gammaplex), intravenous, nonlyophilized (e.g., liquid), 500 mg	Yes	Interqual	None	1/1/2012	12/31/9999	
Medicaid/CHIP	J1558	Injection, immune globulin (xembify), 100 mg	Yes	Interqual	None	7/1/2020	12/31/9999	
Medicaid/CHIP	J1559	Injection, immune globulin (hizentra), 100 mg	Yes	Interqual	None	1/1/2011	12/31/9999	

Medicaid/CHIP	J1560	Gamma Globulin > 10 Cc Inj	Yes	Interqual	None	3/1/2021	12/31/9999	
Medicaid/CHIP	J1561	Injection, immune globulin, (Gamunex/Gamunex-C/Gammaked), nonlyophilized (e.g., liquid), 500 mg	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	J1566	Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	J1568	Injection, immune globulin, (octagam), intravenous, non-lyophilized (e.g.	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	J1569	Injection, immune globulin, (gammagard liquid/gammagard liquid erc), 500 mg	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	J1575	Injection, immune globulin/hyaluronidase, (hyqvia), 100 mg immuneglobulin	Yes	Interqual	None	1/1/2016	12/31/9999	
Medicaid/CHIP	J1576	Injection, immune globulin (panzyga), intravenous, non-lyophilized (e.g., liquid), 500mg	Yes	Interqual	TMPPM: Outpatient Drug Service Handbook 6.52 Immune Globulin	11/1/2023	12/31/9999	

Medicaid/CHIP	J1577	Injection, immune globulin (qivigy), 100 mg	Yes		TMPPM	9/1/2026	12/31/9999	
Medicaid/CHIP	J1595	Injection, glatiramer acetate, 20 mg	Yes		TMPPM: Outpatient Drug Services Handbook 1 General Information	1/1/2009	12/31/9999	
Medicaid/CHIP	J1599	Injection, immune globulin, intravenous, non-lyophilized (e.g. liquid), not otherwise specified, 500 mg	Yes	Interqual	None	1/1/2011	12/31/9999	
Medicaid/CHIP	J1602	Injection, golimumab, 1 mg, for intravenous use	Yes		TMPPM: Outpatient Drug Services Handbook 1 General Information	1/1/2014	12/31/9999	
Medicaid/CHIP	J1628	Injection, guselkumab, 1 mg	Yes	Interqual	None	1/1/2019	12/31/9999	
Medicaid/CHIP	J1632	Injection, brexanolone, 1 mg	Yes		TMPPM: Outpatient Drug Services Handbook 1 General Information	10/1/2020	12/31/9999	
Medicaid/CHIP	J1743	Injection, idursulfase, 1 mg	Yes		TMPPM: Outpatient Drug Services Handbook 1 General Information	4/1/2018	12/31/9999	

Medicaid/CHIP	J1745	Injection, infliximab, excludes biosimilar, 10 mg	Yes		TMPPM: Outpatient Drug Services Handbook 1 General Information	1/1/2003	12/31/9999	
Medicaid/CHIP	J1746	Injection, ibalizumab-uiyk, 10 mg	Yes		TMPPM: Outpatient Drug Services Handbook 1 General Information	3/1/2019	12/31/9999	
Medicaid/CHIP	J1747	Injection, spesolimab-sbzo, 1mg	Yes		TMPPM: Outpatient Drug Services Handbook 6.94 Spesolimab-sbzo (Spevigo)	11/1/2023	12/31/9999	
Medicaid/CHIP	J1748	Injection, infliximab-dyyb (zymfentra), 10 mg	Yes		TMPPM	10/1/2024	12/31/9999	
Medicaid/CHIP	J1786	Injection, imiglucerase, 10 units	Yes		TMPPM: Outpatient Drug Services Handbook 1 General Information	1/1/2011	12/31/9999	
Medicaid/CHIP	J1809	Injection, fosdenopterin, 0.1 mg	Yes		TMPPM	2/1/2026	12/31/9999	
Medicaid/CHIP	J1823	Injection, inebilizumab-cdon, 1 mg	Yes		TMPPM: Outpatient Drug Services Handbook 1 General Information	1/1/2021	12/31/9999	

Medicaid/CHIP	J1826	Injection, interferon beta-1a, 30 mcg	Yes		TMPPM: Outpatient Drug Services Handbook 1 General Information	1/1/2019	12/31/9999	
Medicaid/CHIP	J1830	Interferon Beta-1b / .25 Mg	Yes		TMPPM: Outpatient Drug Services Handbook 1 General Information	1/1/2009	12/31/9999	
Medicaid/CHIP	J1930	Injection, lanreotide, 1 mg	Yes	Interqual	None	2/1/2020	12/31/9999	
Medicaid/CHIP	J1931	Laronidase injection	Yes		TMPPM: Outpatient Drug Services Handbook 1 General Information	1/1/2009	12/31/9999	
Medicaid/CHIP	J1950	Leuprolide Acetate /3.75 Mg	Yes	Interqual	None	1/1/2003	12/31/9999	
Medicaid/CHIP	J1951	Injection, leuprolide acetate for depot suspension (fensolvi), 0.25 m	Yes	Interqual	None	7/1/2021	12/31/9999	
Medicaid/CHIP	J2182	Injection, mepolizumab, 1 mg	Yes		TMPPM: Outpatient Drug Services Handbook 1 General Information	9/1/2018	12/31/9999	

Medicaid/CHIP	J2267	Injection, mirikizumab-mrkz, 1 mg	Yes		TMPPM	10/1/2024	12/31/9999	
Medicaid/CHIP	J2277	Injection, motixafortide, 0.25 mg	Yes		TMPPM	7/1/2024	12/31/9999	
Medicaid/CHIP	J2323	Imjection, natalizumab, 1 mg	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	J2326	Injection, nusinersen, 0.1 mg	Yes		TMPPM: Outpatient Drug Services Handbook 1 General Information	6/1/2018	12/31/9999	
Medicaid/CHIP	J2350	Injection, ocrelizumab, 1 mg	Yes	Interqual	None	6/1/2018	12/31/9999	
Medicaid/CHIP	J2351	Injection, ocrelizumab, 1 mg and hyaluronidase-ocsq	Yes		TMPPM	8/1/2025	12/31/9999	
Medicaid/CHIP	J2356	Tezspire	Yes		TMPPM	4/1/2023	12/31/9999	

Medicaid/CHIP	J2357	Injection, omalizumab, 5 mg	Yes		TMPPM: Outpatient Drug Services Handbook 1 General Information	1/1/2009	12/31/9999	
Medicaid/CHIP	J2361	Injection, depemokimab-ulaa, 1 mg	Yes		TMPPM	9/1/2026	12/31/9999	
Medicaid/CHIP	J2508	Injection, pegunigalsidase alfa-iwxj, 1 mg	Yes		TMPPM	4/1/2024	12/31/9999	
Medicaid/CHIP	J2562	Injection, Plerixafor, 1 Mg	Yes	Interqual	None	1/1/2010	12/31/9999	
Medicaid/CHIP	J2724	Injection, protein C concentrate, IV, human	Yes		TMPPM	4/1/2023	12/31/9999	
Medicaid/CHIP	J2778	Injection, ranibizumab, 0.1 mg	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	J2786	Injection, reslizumab, 1 mg	Yes		TMPPM: Outpatient Drug Services Handbook 1 General Information	9/1/2018	12/31/9999	

Medicaid/CHIP	J2802	Injection, romiplostim, 1 microgram	Yes		TMPPM	4/1/2025	12/31/9999	
Medicaid/CHIP	J2820	Sargramostim Injection	Yes	Interqual	None	1/1/2003	12/31/9999	
Medicaid/CHIP	J2840	Injection, sebelipase alfa, 1 mg	Yes		TMPPM: Outpatient Drug Services Handbook 1 General Information	12/3/2018	12/31/9999	
Medicaid/CHIP	J3055	Injection, talquetamab-tgvs, 0.25 mg	Yes		TMPPM	7/1/2024	12/31/9999	
Medicaid/CHIP	J3060	Injection, taliglucerace alfa, 10 units	Yes		TMPPM: Outpatient Drug Services Handbook 1 General Information	1/1/2014	12/31/9999	
Medicaid/CHIP	J3121	Injection, testosterone enanthate, 1 mg	Yes		TMPPM	3/1/2024	12/31/9999	
Medicaid/CHIP	J3145	Injection, testosterone undecanoate, 1 mg	Yes		TMPPM	3/1/2024	12/31/9999	

Medicaid/CHIP	J3241	Injection, teprotumumab-trbw, 10 mg	Yes		TMPPM: Outpatient Drug Services Handbook 1 General Information	10/1/2020	12/31/9999	
Medicaid/CHIP	J3245	Injection, tildrakizumab, 1 mg	Yes		TMPPM: Outpatient Drug Services Handbook 1 General Information	1/1/2019	12/31/9999	
Medicaid/CHIP	J3247	Injection, secukinumab, intravenous, 1 mg	Yes		TMPPM	10/1/2024	12/31/9999	
Medicaid/CHIP	J3262	Injection, tocilizumab, 1 mg	Yes	Interqual	None	3/1/2013	12/31/9999	
Medicaid/CHIP	J3263	Injection, toripalimab-tpzi, 1 mg	Yes		TMPPM	10/1/2024	12/31/9999	
Medicaid/CHIP	J3285	Injection, treprostinil, 1 mg	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	J3315	Injection, triptorelin pamoate, 3.75 mg	Yes		TMPPM	3/1/2024	12/31/9999	

Medicaid/CHIP	J3316	Injection, triptorelin, extended-release, 3.75 mg	Yes		TMPPM	3/1/2024	12/31/9999	
Medicaid/CHIP	J3357	Ustekinumab, for subcutaneous injection, 1 mg	Yes	Interqual	None	1/1/2011	12/31/9999	
Medicaid/CHIP	J3358	Ustekinumab, for intravenous injection, 1 mg	Yes	Interqual	None	3/1/2018	12/31/9999	
Medicaid/CHIP	J3380	Injection, vedolizumab, 1 mg	Yes	Interqual	None	1/1/2016	12/31/9999	
Medicaid/CHIP	J3385	Injection, velaglucerase alfa, 100 units	Yes		None	1/1/2011	12/31/9999	
Medicaid/CHIP	J3387	Elivaldogene Autotemcel (Skysona)	Yes		TMPPM	4/1/2026	12/31/9999	
Medicaid/CHIP	J3389	Zevaskyn (prademagene zamikeracel)	Yes		TMPPM	5/1/2026	12/31/9999	

Medicaid/CHIP	J3391	Injection, atidarsagene autotemcel, per treatment	Yes		TMPPM	8/1/2025	12/31/9999	
Medicaid/CHIP	J3392	Injection, exagamglogene autotemcel, per treatment	Yes		Texas Medicaid Provider Procedures Manual (TMPPM), Outpatient Drug Services Handbook, Sickle Cell Disease-Gene Therapy	1/1/2025	12/31/9999	
Medicaid/CHIP	J3393	Injection, betibeglogene autotemcel, per treatment	Yes		TMPPM	10/1/2024	12/31/9999	
Medicaid/CHIP	J3394	Injection, lovotibeglogene autotemcel, per treatment	Yes		Texas Medicaid Provider Procedures Manual (TMPPM), Outpatient Drug Services Handbook, Sickle Cell Disease-Gene Therapy	1/1/2025	12/31/9999	
Medicaid/CHIP	J3397	Injection, vestronidase alfa-vjbk, 1 mg	Yes		TMPPM: Outpatient Drug Services Handbook 1 General Information	1/1/2019	12/31/9999	
Medicaid/CHIP	J3398	Injection, voretigene neparvovec-rzyl, 1 billion vector genomes	Yes		TMPPM: Outpatient Drug Services Handbook 1 General Information	1/1/2019	12/31/9999	
Medicaid/CHIP	J3399	Injection, onasemnogene abeparvovec-xioi, per treatment, up to 5x10^15 vector genomes	Yes		TMPPM: Outpatient Drug Services Handbook 1 General Information	7/1/2020	12/31/9999	

Medicaid/CHIP	J3401	Beremagene geperpavec-svdt for topical administration, containing nominal 5 x 10^9 pfu/ml vector genomes, per 0.1 ml	Yes		TMPPM	4/1/2024	12/31/9999	
Medicaid/CHIP	J3402	Injection, remestemcel-l-rknd, per therapeutic dose	Yes		TMPPM	2/1/2026	12/31/9999	
Medicaid/CHIP	J3403	Revakinagene taroretcel-lwey, per implant	Yes		TMPPM	2/1/2026	12/31/9999	
Medicaid/CHIP	J3404	Inj, zopapogene imadenovec-drba suspension,(Papzimeos)	Yes		TMPPM	5/1/2026	12/31/9999	
Medicaid/CHIP	J3405	Injection, onasemnogene abeparvovec-brve, per treatment	Yes		TMPPM	9/1/2026	12/31/9999	
Medicaid/CHIP	J3406	Injection, omidubicel-onlv, per therapeutic dose	Yes		TMPPM	11/1/2026	12/31/9999	
Medicaid/CHIP	J3490	Unclassified Biologics	Yes		TMPPM:Gynecological, Obstetrics, and Family Planning Title XIX Services Handbook 1 General Information	10/1/2018	12/31/9999	

Medicaid/CHIP	J3590	Unclassified Biologics Kebilidi (Eladocagene exuparvovec-tneq) Rethymic (allogeneic processed thymus tissue-agdc)	Yes	Interqual	None	10/1/2018	12/31/9999	
Medicaid/CHIP	J7170	Injection, emicizumab-kxwh, 0.5 mg	Yes	Interqual	None	1/1/2019	12/31/9999	
Medicaid/CHIP	J7171	Injection, adamts13, recombinant-krhn, 10 iu	Yes		TMPPM	10/1/2024	12/31/9999	
Medicaid/CHIP	J7172	Injection, marstacimab-hncq, 0.5 mg	Yes		TMPPM	12/1/2025	12/31/9999	
Medicaid/CHIP	J7173	Injection, concizumab-mtci, 0.5 mg	Yes		TMPPM	2/1/2026	12/31/9999	
Medicaid/CHIP	J7174	Injection, fitusiran, 0.04 mg	Yes		TMPPM	2/1/2026	12/31/9999	
Medicaid/CHIP	J7311	Injection, fluocinolone acetonide, intravitreal implant (Retisert), 0.01 mg	Yes		TMPPM: Outpatient Drug Services Handbook 1 General Information	10/1/2015	12/31/9999	

Medicaid/CHIP	J7352	Afamelanotide implant, 1 mg	Yes	Interqual	None	1/1/2021	12/31/9999	
Medicaid/CHIP	J9011	Injection, datopotamab deruxtecan-dlnk, 1 mg	Yes		TMPPM	2/1/2026	12/31/9999	
Medicaid/CHIP	J9024	Injection, atezolizumab, 5 mg and hyaluronidase-tqjs	Yes		TMPPM	8/1/2025	12/31/9999	
Medicaid/CHIP	J9025	Injection, azacitidine, 1 mg	Yes		TMPPM: Outpatient Drug Services Handbook 1 General Information	1/1/2009	12/31/9999	
Medicaid/CHIP	J9026	Injection, tarlatamab-dlle, 1 mg	Yes		TMPPM	2/1/2025	12/31/9999	
Medicaid/CHIP	J9027	Injection, Clofarabine, 1mg	Yes		TMPPM	4/1/2023	12/31/9999	
Medicaid/CHIP	J9028	Injection, nogapendekin alfa inbakicept-pmln, for intravesical use, 1 microgram	Yes		TMPPM	2/1/2025	12/31/9999	

Medicaid/CHIP	J9029	Adstiladrin (Nadofaragene firadenovecc-vncg)	Yes		TMPPM	6/1/2024	12/31/9999	
Medicaid/CHIP	J9038	Injection, axatilimab-csfr, 0.1 mg	Yes		TMPPM	8/1/2025	12/31/9999	
Medicaid/CHIP	J9043	Injection, cabazitaxel, 1 mg	Yes	Interqual	None	8/1/2018	12/31/9999	
Medicaid/CHIP	J9047	Injection, carfilzomib, 1 mg	Yes	Interqual	None	1/1/2014	12/31/9999	
Medicaid/CHIP	J9053	Injection, belantamab mafodotin-blmf, 0.1 mg	Yes		TMPPM	9/1/2026	12/31/9999	
Medicaid/CHIP	J9055	Cetuximab injection	Yes	Interqual	None	1/1/2009	12/31/9999	
Medicaid/CHIP	J9062	Injection, amivantamab 5 mg and hyaluronidase-lpuj	Yes		TMPPM	9/1/2026	12/31/9999	

Medicaid/CHIP	J9118	Injection, calaspargase pegol-mknl, 10 units	Yes		TMPPM: Outpatient Drug Services Handbook 1 General Information	11/1/2020	12/31/9999	
Medicaid/CHIP	J9155	Injection, Degarelix, 1 Mg	Yes	Interqual	None	1/1/2010	12/31/9999	
Medicaid/CHIP	J9161	Lymphir (denileukin diftitox-cxdl)	Yes		TMPPM	5/1/2026	12/31/9999	
Medicaid/CHIP	J9179	Injection, eribulin mesylate, 0.1 mg	Yes	Interqual	None	1/1/2012	12/31/9999	
Medicaid/CHIP	J9183	Gemcitabine intravesical system, 225 mg (Inlexzo)	Yes		TMPPM	9/1/2026	12/31/9999	
Medicaid/CHIP	J9207	Injection, ixabepilone, 1 mg	Yes	Interqual	None	3/1/2017	12/31/9999	
Medicaid/CHIP	J9210	Injection, emapalumab-lzsg, 1 mg	Yes		TMPPM: Outpatient Drug Services Handbook 1 General Information	12/1/2019	12/31/9999	

Medicaid/CHIP	J9216	Injection, interferon, gamma-1B, 3 million units	Yes		TMPPM: Outpatient Drug Services Handbook 1 General Information	1/1/2003	12/31/9999	
Medicaid/CHIP	J9217	Leuprolide Acetate Suspnsion	Yes	Interqual	None	1/1/2003	12/31/9999	
Medicaid/CHIP	J9218	Leuprolide Acetate Injeciton	Yes	Interqual	None	1/1/2003	12/31/9999	
Medicaid/CHIP	J9225	Histrelin implant (Vantas), 50 mg	Yes	Interqual	None	3/1/2013	12/31/9999	
Medicaid/CHIP	J9226	Histrelin implant (supprelin LA), 50 mg	Yes	Interqual	None	1/1/2008	12/31/9999	
Medicaid/CHIP	J9228	Injection, ipilimumab, 1 mg	Yes	Interqual	None	1/1/2012	12/31/9999	
Medicaid/CHIP	J9229	Injection, inotuzumab ozogamicin, 0.1 mg	Yes		TMPPM: Outpatient Drug Services Handbook 1 General Information	3/1/2019	12/31/9999	

Medicaid/CHIP	J9248	Injection, melphalan, Hepzato	Yes		TMPPM	9/1/2026	12/31/9999	
Medicaid/CHIP	J9256	Injection, nipocalimab-aahu, 3 mg	Yes		TMPPM	4/1/2026	12/31/9999	
Medicaid/CHIP	J9266	Injection, pegaspargase, per single dose vial	Yes	Interqual	None	11/1/2015	12/31/9999	
Medicaid/CHIP	J9269	Injection, tagraxofusp-erzs, 10 micrograms	Yes		TMPPM: Outpatient Drug Services Handbook 1 General Information	12/1/2019	12/31/9999	
Medicaid/CHIP	J9271	Injection, pembrolizumab, 1 mg	Yes	Interqual	None	1/1/2016	12/31/9999	
Medicaid/CHIP	J9275	Injection, cosibelimab-ipdl, 2 mg	Yes		TMPPM	9/1/2026	12/31/9999	
Medicaid/CHIP	J9276	Injection, zanidatamab-hrii, 2 mg	Yes		TMPPM	12/1/2025	12/31/9999	

Medicaid/CHIP	J9277	Injection, pembrolizumab, 1 mg and berahyaluronidase alfa-pmph (Keytruda QLex) I	Yes		TMPPM	9/1/2026	12/31/9999	
Medicaid/CHIP	J9286	Injection, glofitamab-gxbm, 2.5 mg	Yes		TMPPM	4/1/2024	12/31/9999	
Medicaid/CHIP	J9289	Injection, nivolumab, 2 mg and hyaluronidase-nvhy	Yes		TMPPM	12/1/2025	12/31/9999	
Medicaid/CHIP	J9294	Injection, teplizumab-mzwv, 5 mcg	Yes	Interqual	None	11/1/2023	12/31/9999	
Medicaid/CHIP	J9296	Injection, pemetrexed (accord), not therapeutically equivalent to J9305, 10mg	Yes	Interqual	None	11/1/2023	12/31/9999	
Medicaid/CHIP	J9297	Injection, pemetrexed (sandoz), not therapeutically equivalent to J9305, 10mg	Yes	Interqual	None	11/1/2023	12/31/9999	
Medicaid/CHIP	J9299	Injection, nivolumab, 1 mg	Yes	Interqual	None	1/1/2016	12/31/9999	

Medicaid/CHIP	J9302	Injection, ofatumumab, 10 mg	Yes	Interqual	None	1/1/2011	12/31/9999	
Medicaid/CHIP	J9303	Injection, panitumumab, 10 mg	Yes	Interqual	None	1/1/2008	12/31/9999	
Medicaid/CHIP	J9304	Injection, pemetrexed (pemfexy), 10 mg	Yes	Interqual	None	10/1/2020	12/31/9999	
Medicaid/CHIP	J9305	Pemetrexed injection	Yes	Interqual	None	11/1/2015	12/31/9999	
Medicaid/CHIP	J9306	Injection, pertuzumab, 1 mg	Yes	Interqual	None	1/1/2014	12/31/9999	
Medicaid/CHIP	J9312	Injection, rituximab, 10 mg	Yes	Interqual	None	3/1/2019	12/31/9999	
Medicaid/CHIP	J9313	Injection, moxetumomab pasudotox-tdfk, 0.01 mg	Yes		TMPPM: Outpatient Drug Services Handbook 1 General Information	2/1/2020	12/31/9999	

Medicaid/CHIP	J9314	Injection, pemetrexed (teva) not therapeutically equivalent to J9305, 10 mg	Yes	Interqual	None	4/1/2023	12/31/9999	
Medicaid/CHIP	J9321	Injection, epcoritamab-bysp, 0.16 mg	Yes		TMPPM	3/1/2024	12/31/9999	
Medicaid/CHIP	J9325	Imlygic (talimogene laherparepvec)	Yes		TMPPM	6/1/2024	12/31/9999	
Medicaid/CHIP	J9326	Injection, telisotuzumab vedotin-tllv, 1 mg	Yes		TMPPM	4/1/2026	12/31/9999	
Medicaid/CHIP	J9333	Injection, rozanolixizumab-noli, 1 mg	Yes		TMPPM	4/1/2024	12/31/9999	
Medicaid/CHIP	J9334	Injection, efgartigimod alfa, 2 mg and hyaluronidase-qvfc	Yes		TMPPM	8/1/2024	12/31/9999	
Medicaid/CHIP	J9345	injection, retifanlimab 1mg (Zynyz)	Yes		TMPPM	1/1/2024	12/31/9999	

Medicaid/CHIP	J9354	Injection, ado-trastuzumab emtansine, 1 mg	Yes		TMPPM: Outpatient Drug Services Handbook 1 General Information	1/1/2014	12/31/9999	
Medicaid/CHIP	J9361	Injection, efbemalenograstim alfa-vuxw, 0.5 mg	Yes		TMPPM	4/1/2026	12/31/9999	
Medicaid/CHIP	J9381	Injection, templizumab-mzwv, 5 mcg	Yes		TMPPM: Outpatient Drug Services Handbook 6.100 Teplizumab-mzwv (Tzield)	11/1/2023	12/31/9999	
Medicaid/CHIP	J9382	Injection, zenocutuzumab-zbco, 1 mg	Yes		TMPPM	12/1/2025	12/31/9999	
Medicaid/CHIP	J9400	Injection, ziv-aflibercept, 1 mg	Yes	Interqual	None	1/1/2014	12/31/9999	
Medicaid/CHIP	J9601	Injection, linvoseltamab-gcpt, 1 mg (Lynozyfic)	Yes		TMPPM	9/1/2026	12/31/9999	
Medicaid/CHIP	J9999	NOC, antineoplastic drug	Yes	Interqual	None	11/1/2019	12/31/9999	

Medicaid/CHIP	K0013	Custom motorized/power wheelchair base	Yes		TMPPM: Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook 1 Gener ..	7/1/2013	12/31/9999	
Medicaid/CHIP	K0606	Automatic external defibrillator, with integrated electrocardiogram analysis, garment type	Yes		TMPPM: Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook 1 General Information	1/1/2003	12/31/9999	
Medicaid/CHIP	K0740	Repair or nonroutine service for oxygen equipment requiring the skill of a technician, labor component, per 15 minutes	Yes		TMPPM: Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook 1 General Information	8/1/2013	12/31/9999	
Medicaid/CHIP	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Yes		TMPPM: Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook 1 Gener ..	1/1/2009	12/31/9999	
Medicaid/CHIP	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY, 301 TO 450 POUNDS	Yes		TMPPM: Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook 1 Gener ..	1/1/2009	12/31/9999	
Medicaid/CHIP	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	Yes		TMPPM: Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook 1 Gener ..	1/1/2009	12/31/9999	
Medicaid/CHIP	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Yes		TMPPM	4/1/2026	12/31/9999	

Medicaid/CHIP	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Yes		TMPPM	4/1/2026	12/31/9999	
Medicaid/CHIP	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Yes		TMPPM	4/1/2026	12/31/9999	
Medicaid/CHIP	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Yes		TMPPM	4/1/2026	12/31/9999	
Medicaid/CHIP	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Yes		TMPPM	4/1/2026	12/31/9999	
Medicaid/CHIP	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Yes		TMPPM	4/1/2026	12/31/9999	
Medicaid/CHIP	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Yes		TMPPM	4/1/2026	12/31/9999	
Medicaid/CHIP	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Yes		TMPPM	4/1/2026	12/31/9999	

Medicaid/CHIP	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Yes		TMPPM	4/1/2026	12/31/9999	
Medicaid/CHIP	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Yes		TMPPM	4/1/2026	12/31/9999	
Medicaid/CHIP	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	Yes		TMPPM	4/1/2026	12/31/9999	
Medicaid/CHIP	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	Yes		TMPPM	4/1/2026	12/31/9999	
Medicaid/CHIP	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	Yes		TMPPM	4/1/2026	12/31/9999	
Medicaid/CHIP	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	Yes		TMPPM	4/1/2026	12/31/9999	
Medicaid/CHIP	K0835	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUD	Yes		TMPPM: Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook 1 Gener ..	1/1/2009	12/31/9999	

Medicaid/CHIP	K0836	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300	Yes		TMPPM: Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook 1 Gener ..	1/1/2009	12/31/9999	
Medicaid/CHIP	K0837	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POU	Yes		TMPPM: Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook 1 Gener ..	1/1/2009	12/31/9999	
Medicaid/CHIP	K0838	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Yes		TMPPM: Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook 1 Gener ..	1/1/2009	12/31/9999	
Medicaid/CHIP	K0839	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 60	Yes		TMPPM: Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook 1 Gener ..	1/1/2009	12/31/9999	
Medicaid/CHIP	K0840	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUN	Yes		TMPPM: Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook 1 Gener ..	1/1/2009	12/31/9999	
Medicaid/CHIP	K0841	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCL	Yes		TMPPM: Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook 1 Gener ..	1/1/2009	12/31/9999	
Medicaid/CHIP	K0842	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 3	Yes		TMPPM: Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook 1 Gener ..	1/1/2009	12/31/9999	

Medicaid/CHIP	K0843	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 P	Yes		TMPPM: Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook 1 Gener ..	1/1/2009	12/31/9999	
Medicaid/CHIP	K0848	POWER WHEELCHAIR, GROUP 3 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Yes		TMPPM: Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook 1 Gener ..	1/1/2009	12/31/9999	
Medicaid/CHIP	K0849	POWER WHEELCHAIR, GROUP 3 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Yes		TMPPM: Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook 1 Gener ..	1/1/2009	12/31/9999	
Medicaid/CHIP	K0850	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Yes		TMPPM: Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook 1 Gener ..	1/1/2009	12/31/9999	
Medicaid/CHIP	K0851	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Yes		TMPPM: Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook 1 Gener ..	1/1/2009	12/31/9999	
Medicaid/CHIP	K0852	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	Yes		TMPPM: Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook 1 Gener ..	1/1/2009	12/31/9999	
Medicaid/CHIP	K0853	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY, 451 TO 600 POUNDS	Yes		TMPPM: Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook 1 Gener ..	1/1/2009	12/31/9999	

Medicaid/CHIP	K0854	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	Yes		TMPPM: Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook 1 Gener ..	1/1/2009	12/31/9999	
Medicaid/CHIP	K0855	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	Yes		TMPPM: Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook 1 Gener ..	1/1/2009	12/31/9999	
Medicaid/CHIP	K0856	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUD	Yes		TMPPM: Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook 1 Gener ..	1/1/2009	12/31/9999	
Medicaid/CHIP	K0857	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300	Yes		TMPPM: Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook 1 Gener ..	1/1/2009	12/31/9999	
Medicaid/CHIP	K0858	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POU	Yes		TMPPM: Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook 1 Gener ..	1/1/2009	12/31/9999	
Medicaid/CHIP	K0859	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Yes		TMPPM: Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook 1 Gener ..	1/1/2009	12/31/9999	
Medicaid/CHIP	K0860	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 60	Yes		TMPPM: Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook 1 Gener ..	1/1/2009	12/31/9999	

Medicaid/CHIP	K0861	POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCL	Yes		TMPPM: Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook 1 Gener ..	1/1/2009	12/31/9999	
Medicaid/CHIP	K0862	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 P	Yes		TMPPM: Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook 1 Gener ..	1/1/2009	12/31/9999	
Medicaid/CHIP	K0863	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO	Yes		TMPPM: Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook 1 Gener ..	1/1/2009	12/31/9999	
Medicaid/CHIP	K0864	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 PO	Yes		TMPPM: Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook 1 Gener ..	1/1/2009	12/31/9999	
Medicaid/CHIP	K0868	POWER WHEELCHAIR, GROUP 4 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Yes		TMPPM: Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook 1 Gener ..	1/1/2009	12/31/9999	
Medicaid/CHIP	K0869	POWER WHEELCHAIR, GROUP 4 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Yes		TMPPM: Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook 1 Gener ..	1/1/2009	12/31/9999	
Medicaid/CHIP	K0870	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Yes		TMPPM: Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook 1 Gener ..	1/1/2009	12/31/9999	

Medicaid/CHIP	K0871	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	Yes		TMPPM: Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook 1 Gener ..	1/1/2009	12/31/9999	
Medicaid/CHIP	K0877	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUD	Yes		TMPPM: Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook 1 Gener ..	1/1/2009	12/31/9999	
Medicaid/CHIP	K0878	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300	Yes		TMPPM: Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook 1 Gener ..	1/1/2009	12/31/9999	
Medicaid/CHIP	K0879	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POU	Yes		TMPPM: Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook 1 Gener ..	1/1/2009	12/31/9999	
Medicaid/CHIP	K0880	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT 451 TO 600 POUNDS	Yes		TMPPM: Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook 1 Gener ..	1/1/2009	12/31/9999	
Medicaid/CHIP	K0884	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCL	Yes		TMPPM: Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook 1 Gener ..	1/1/2009	12/31/9999	
Medicaid/CHIP	K0885	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, WEIGHT CAPACITY UP TO AND INCLUDING 300 POUND	Yes		TMPPM: Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook 1 Gener ..	1/1/2009	12/31/9999	

Medicaid/CHIP	K0886	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 P	Yes		TMPPM: Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook 1 Gener ..	1/1/2009	12/31/9999	
Medicaid/CHIP	K0890	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLU	Yes		TMPPM: Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook 1 Gener ..	1/1/2009	12/31/9999	
Medicaid/CHIP	K0891	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INC	Yes		TMPPM: Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook 1 Gener ..	1/1/2009	12/31/9999	
Medicaid/CHIP	K0898	POWER WHEELCHAIR, NOT OTHERWISE CLASSIFIED	Yes		TMPPM: Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook 1 Gener ..	1/1/2009	12/31/9999	
Medicaid/CHIP	K0899	Power mobility device, not coded by DME PDAC or does not meet criteria	Yes		TMPPM: Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook 1 Gener ..	8/1/2013	12/31/9999	
Medicaid/CHIP	K0900	Customized durable medical equipment, other than wheelchair	Yes		TMPPM: Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook 1 Gener ..	7/1/2013	12/31/9999	
Medicaid/CHIP	L0631	Lumbar-sacral orthosis (LSO), sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Yes		TMPPM: Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook 1 Gener ..	7/1/2016	12/31/9999	

Medicaid/CHIP	L0632	LSO, sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 v	Yes		TMPPM: Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook 1 Gener ..	7/1/2016	12/31/9999	
Medicaid/CHIP	L0636	LSO, sagittal-coronal control, lumbar flexion, rigid posterior frame/panels, lateral articulating design to flex the lum	Yes		TMPPM: Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook 1 Gener ..	7/1/2016	12/31/9999	
Medicaid/CHIP	L0637	Lumbar-sacral orthosis (LSO), sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Yes		TMPPM: Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook 1 Gener ..	7/1/2016	12/31/9999	
Medicaid/CHIP	L0638	LSO, sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal jun	Yes		TMPPM: Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook 1 Gener ..	7/1/2016	12/31/9999	
Medicaid/CHIP	L0639	Lumbar-sacral orthosis (LSO), sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to xyphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Yes		TMPPM: Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook 1 Gener ..	7/1/2016	12/31/9999	
Medicaid/CHIP	L0640	LSO, sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra,	Yes		TMPPM: Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook 1 Gener ..	7/1/2016	12/31/9999	
Medicaid/CHIP	L0648	Lumbar-sacral orthosis (LSO), sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf	Yes		TMPPM: Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook 1 Gener ..	7/1/2016	12/31/9999	

Medicaid/CHIP	L0720	Cervical-thoracic-lumbar-sacral-orthoses (ctlso), anterior-posterior-lateral control, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Yes		TMPPM	8/1/2025	12/31/9999	
Medicaid/CHIP	L1007	Scoliosis orthosis, sagittal-coronal control provided by a rigid lateral frame, extends from axilla, to trochanter, includes all accessory pads, straps, and interface, custom fabricated	Yes		TMPPM	2/1/2026	12/31/9999	
Medicaid/CHIP	L1320	Thoracic, pectus carinatum orthosis, sternal compression, rigid circumferential frame with anterior and posterior rigid pads, custom fabricated	Yes		TMPPM	7/1/2024	12/31/9999	
Medicaid/CHIP	L1653	Hip orthosis, bilateral thigh cuffs with adjustable abductor spreader bar, adult size, prefabricated, off the shelf	Yes		TMPPM	2/1/2025	12/31/9999	
Medicaid/CHIP	L1821	Knee orthosis, elastic with condylar pads and joints, with or without patellar control, prefabricated, off the shelf	Yes		TMPPM	2/1/2025	12/31/9999	
Medicaid/CHIP	L1832	Knee orthosis (KO), adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Yes		TMPPM: Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook 1 Gener ..	7/1/2016	12/31/9999	
Medicaid/CHIP	L1843	Knee orthosis (KO), single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial- lateral and rotation control, with or without varus/valgus adjustment, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Yes		TMPPM: Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook 1 Gener ..	7/1/2016	12/31/9999	

Medicaid/CHIP	L1845	Knee orthosis (KO), double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial- lateral and rotation control, with or without varus/valgus adjustment, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Yes		TMPPM: Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook 1 Gener ..	7/1/2016	12/31/9999	
Medicaid/CHIP	L1933	Ankle foot orthosis, rigid anterior tibial section, total carbon fiber or equal material, prefabricated, off-the-shelf	Yes		TMPPM	8/1/2025	12/31/9999	
Medicaid/CHIP	L1952	Ankle foot orthosis, spiral, (institute of rehabilitative medicine type), plastic or other material, prefabricated, off-the-shelf	Yes		TMPPM	8/1/2025	12/31/9999	
Medicaid/CHIP	L2221	Addition to lower extremity orthosis, ankle system, includes power source	Yes		TMPPM	9/1/2026	12/31/9999	
Medicaid/CHIP	L3000	Ft Insert Ucb Berkeley Shell	Yes		TMPPM: Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook 1 Gener ..	3/1/2016	12/31/9999	
Medicaid/CHIP	L3001	Foot Insert Remov Molded Spe	Yes		TMPPM: Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook 1 Gener ..	3/1/2016	12/31/9999	
Medicaid/CHIP	L3002	Foot Insert Plastazote Or Eq	Yes		TMPPM: Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook 1 Gener ..	3/1/2016	12/31/9999	

Medicaid/CHIP	L3003	Foot Insert Silicone Gel Eac	Yes		TMPPM: Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook 1 Gener ..	3/1/2016	12/31/9999	
Medicaid/CHIP	L3010	Foot Longitudinal Arch Suppo	Yes		TMPPM: Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook 1 Gener ..	3/1/2016	12/31/9999	
Medicaid/CHIP	L3020	Foot Longitud/Metatarsal Sup	Yes		TMPPM: Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook 1 Gener ..	3/1/2016	12/31/9999	
Medicaid/CHIP	L3030	Foot Arch Support Remov Prem	Yes		TMPPM: Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook 1 Gener ..	3/1/2016	12/31/9999	
Medicaid/CHIP	L3161	Foot, adductus positioning device, adjustable	Yes		TMPPM	4/1/2024	12/31/9999	
Medicaid/CHIP	L4631	Ankle-foot orthosis (AFO), walking boot type, varus/valgus correction, rocker bottom, anterior tibial shell, soft interface, custom arch support, plastic or other material, includes straps and closures, custom fabricated	Yes		TMPPM: Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook 1 Gener ..	1/1/2011	12/31/9999	
Medicaid/CHIP	L5841	Addition, endoskeletal knee-shin system, polycentric, pneumatic swing, and stance phase control	Yes		TMPPM	7/1/2024	12/31/9999	

Medicaid/CHIP	L5856	Elec knee-shin swing/stance	Yes		TMPPM: Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook 1 Gener ..	1/1/2003	12/31/9999	
Medicaid/CHIP	L5857	Elec knee-shin swing only	Yes		TMPPM: Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook 1 Gener ..	1/1/2003	12/31/9999	
Medicaid/CHIP	L5858	Addition to lower extremity prosthesis, endoskeletal knee shin system, microprocessor control feature, stance phase only	Yes		TMPPM: Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook 1 Gener ..	1/1/2009	12/31/9999	
Medicaid/CHIP	L5859	Addition to lower extremity prosthesis, endoskeletal knee-shin system, powered and programmable flexion/extension assist control, includes any type motor(s)	Yes		TMPPM: Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook 1 Gener ..	1/1/2013	12/31/9999	
Medicaid/CHIP	L5926	Addition to lower extremity prosthesis, endoskeletal, knee disarticulation, above knee, hip disarticulation, positional rotation unit, any type	Yes		TMPPM	4/1/2024	12/31/9999	
Medicaid/CHIP	L5961	Addition, endoskeletal system, polycentric hip joint, pneumatic or hydraulic control, rotation control, with or without flexion and/or extension control	Yes		TMPPM: Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook 1 Gener ..	1/1/2011	12/31/9999	
Medicaid/CHIP	L5969	Addition, endoskeletal ankle-foot or ankle system, power assist, includes any type motor(s)	Yes		TMPPM: Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook 1 Gener ..	1/1/2014	12/31/9999	

Medicaid/CHIP	L5987	Shank Ft W Vert Load Pylon	Yes		TMPPM: Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook 1 Gener ..	12/1/2019	12/31/9999	
Medicaid/CHIP	L6028	Partial hand, finger, and thumb prosthesis without prosthetic digit(s) /thumb, amputation at metacarpal level, including flexible or non-flexible interface, molded to patient model, for use without external power and/or passive prosthetic digit/thumb, not including inserts described by l6692	Yes		TMPPM	8/1/2025	12/31/9999	
Medicaid/CHIP	L6029	Upper extremity addition, test socket/interface, partial hand including fingers	Yes		TMPPM	8/1/2025	12/31/9999	
Medicaid/CHIP	L6030	Upper extremity addition, external frame, partial hand including fingers	Yes		TMPPM	8/1/2025	12/31/9999	
Medicaid/CHIP	L6031	Replacement socket/interface, partial hand including fingers, molded to patient model, for use with or without external power	Yes		TMPPM	8/1/2025	12/31/9999	
Medicaid/CHIP	L6032	Addition to upper extremity prosthesis, partial hand including fingers, ultralight material (titanium, carbon fiber or equal)	Yes		TMPPM	8/1/2025	12/31/9999	
Medicaid/CHIP	L6033	Addition to upper extremity prosthesis, partial hand including fingers, acrylic material	Yes		TMPPM	8/1/2025	12/31/9999	

Medicaid/CHIP	L6034	Partial hand, finger, and thumb prosthesis without prosthetic digit(s)/thumb, amputation at distal to metacarpal joint, including flexible or non-flexible interface, molded to patient model, for use without external power and/or passive prosthetic digit/thumb, not including inserts described by l6692	Yes		TMPPM	2/1/2026	12/31/9999	
Medicaid/CHIP	L6037	Immediate post-surgical or early fitting, application of initial rigid dressing, including fitting alignment and suspension of components, and one cast change, partial hand including fingers	Yes		TMPPM	8/1/2025	12/31/9999	
Medicaid/CHIP	L6677	Upper extremity addition, harness, triple control, simultaneous operation of terminal device and elbow	Yes		TMPPM: Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook 1 Gener ..	1/1/2009	12/31/9999	
Medicaid/CHIP	L6880	Electric hand, switch or myolelectric controlled, independently articulating digits, any grasp pattern or combination of grasp patterns, includes motor(s)	Yes		TMPPM: Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook 1 Gener	1/1/2012	12/31/9999	
Medicaid/CHIP	L6881	AUTOMATIC GRASP FEATURE, ADDITION TO UPPER LIMB ELECTRIC PROSTHETIC TERMINAL	Yes		TMPPM: Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook 1 Gener	1/1/2003	12/31/9999	
Medicaid/CHIP	L6882	Microprocessor control feature, addition to upper limb prosthesis terminal device	Yes		TMPPM: Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook 1 Gener	1/1/2003	12/31/9999	
Medicaid/CHIP	L6925	Wrist Disart Myoelectronic C	Yes		TMPPM: Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook 1 Gener	1/1/2003	12/31/9999	

Medicaid/CHIP	L6935	Below Elbow Myoelectronic Ct	Yes		TMPPM: Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook 1 Gener	1/1/2003	12/31/9999	
Medicaid/CHIP	L6945	Elbow Disart Myoelectronic C	Yes		TMPPM: Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook 1 Gener	1/1/2003	12/31/9999	
Medicaid/CHIP	L6955	Above Elbow Myoelectronic Ct	Yes		TMPPM: Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook 1 Gener	1/1/2003	12/31/9999	
Medicaid/CHIP	L6965	Shldr Disartic Myoelectronic	Yes		TMPPM: Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook 1 Gener	1/1/2003	12/31/9999	
Medicaid/CHIP	L6975	Interscap-Thor Myoelectronic	Yes		TMPPM: Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook 1 Gener	1/1/2003	12/31/9999	
Medicaid/CHIP	L7007	ELECTRIC HAND, SWITCH OR MYOELECTRIC CONTROLLED, ADULT	Yes		TMPPM: Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook 1 Gener	1/1/2009	12/31/9999	
Medicaid/CHIP	L7008	ELECTRIC HAND, SWITCH OR MYOELECTRIC, CONTROLLED, PEDIATRIC	Yes		TMPPM: Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook 1 Gener	1/1/2009	12/31/9999	

Medicaid/CHIP	L7009	ELECTRIC HOOK, SWITCH OR MYOELECTRIC CONTROLLED, ADULT	Yes		TMPPM: Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook 1 Gener	1/1/2009	12/31/9999	
Medicaid/CHIP	L7045	ELECTRIC HOOK, SWITCH OR MYOELECTRIC ONTROLLED, PEDIATRIC	Yes		TMPPM: Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook 1 Gener	1/1/2003	12/31/9999	
Medicaid/CHIP	L7180	Electronic Elbow Utah Myoele	Yes		TMPPM: Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook 1 Gener	1/1/2003	12/31/9999	
Medicaid/CHIP	L7181	Electronic elbow simultaneous	Yes		TMPPM: Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook 1 Gener	1/1/2003	12/31/9999	
Medicaid/CHIP	L7190	Elbow Adolescent Myoelectron	Yes		TMPPM: Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook 1 Gener	1/1/2003	12/31/9999	
Medicaid/CHIP	L7191	Elbow Child Myoelectronic Ct	Yes		TMPPM: Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook 1 Gener	1/1/2003	12/31/9999	
Medicaid/CHIP	L8600	Implant Breast Silicone/Eq	Yes	Interqual	None	8/1/2013	12/31/9999	

Medicaid/CHIP	L8614	COCHLEAR DEVICE, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS	Yes		TMPPM: Vision and Hearing Services Handbook 1 General Information	1/1/2009	12/31/9999	
Medicaid/CHIP	L8619	Cochlear Implant, External Speech Processor And Controller, Integrated System, Replacement	Yes		TMPPM: Vision and Hearing Services Handbook 1 General Information	8/1/2013	12/31/9999	
Medicaid/CHIP	L8678	Electrical stimulator supplies (external) for use with implantable neurostimulator, per month	Yes	Interqual	None	11/1/2023	12/31/9999	
Medicaid/CHIP	L8679	Implantable neurostimulator, pulse generator, any type	Yes	Interqual	None	1/1/2014	12/31/9999	
Medicaid/CHIP	L8680	Implantable neurostimulator electrode, each	Yes		Texas Medicaid Provider Procedures Manual - Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook: 9.2.43.15 Supplies for Neurostimulators	8/1/2013	12/31/9999	
Medicaid/CHIP	L8681	Patient programmer (external) for use with implantable programmable neurostimulator pulse generator, replacement only	Yes		Texas Medicaid Provider Procedures Manual - Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook: 9.2.43.14 Prior Authorization of Neurostimulator Devices Procedure Codes	4/1/2021	12/31/9999	
Medicaid/CHIP	L8682	Implantable neurostimulator radiofrequency receiver	Yes		Texas Medicaid Provider Procedures Manual - Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook: 9.2.43.14 Prior Authorization of Neurostimulator Devices Procedure Codes	8/1/2013	12/31/9999	

Medicaid/CHIP	L8683	Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver	Yes		Texas Medicaid Provider Procedures Manual - Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook: 9.2.43.14 Prior Authorization of Neurostimulator Devices Procedure Codes	8/1/2013	12/31/9999	
Medicaid/CHIP	L8684	Radiofrequency transmitter (external) for use with implantable sacral root neurostimulator receiver for bowel and bladde	Yes		Texas Medicaid Provider Procedures Manual - Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook: 9.2.43.14 Prior Authorization of Neurostimulator Devices Procedure Codes	8/1/2013	12/31/9999	
Medicaid/CHIP	L8685	Implantable neurostimulator pulse generator, single array, rechargeable, includes extension	Yes		Texas Medicaid Provider Procedures Manual - Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook: 9.2.43.14 Prior Authorization of Neurostimulator Devices Procedure Codes	8/1/2013	12/31/9999	
Medicaid/CHIP	L8686	Implantable neurostimulator pulse generator, single array, non- rechargeable, includes extension	Yes		Texas Medicaid Provider Procedures Manual - Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook: 9.2.43.14 Prior Authorization of Neurostimulator Devices Procedure Codes	8/1/2013	12/31/9999	
Medicaid/CHIP	L8687	Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension	Yes		Texas Medicaid Provider Procedures Manual - Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook: 9.2.43.14 Prior Authorization of Neurostimulator Devices Procedure Codes	8/1/2013	12/31/9999	
Medicaid/CHIP	L8688	Implantable neurostimulator pulse generator, dual array, non- rechargeable, includes extension	Yes		Texas Medicaid Provider Procedures Manual - Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook: 9.2.43.14 Prior Authorization of Neurostimulator Devices Procedure Codes	8/1/2013	12/31/9999	
Medicaid/CHIP	L8690	AUDITORY OSSEOINTEGRATED DEVICE, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS	Yes	Hayes Technologies	None	8/1/2013	12/31/9999	

Medicaid/CHIP	L8691	Auditory osseointegrated device, external sound processor, excludes transducer/actuator, replacement only, each	Yes	Hayes Technologies	None	8/1/2013	12/31/9999	
Medicaid/CHIP	L8692	Auditory Osseointegrated Device, External Sound Processor, Used Without Osseointegration, Body Worn, Includes Headband O	Yes	Hayes Technologies	None	8/1/2013	12/31/9999	
Medicaid/CHIP	L8699	Prosthetic Implant Nos	Yes		TMPPM: Vision and Hearing Services Handbook 1 General Information	4/1/2021	12/31/9999	
Medicaid/CHIP	Q2041	Axicabtagene ciloleucel, up to 200 million autologous anti-CD19 CAR positive T cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Yes		TMPPM: Outpatient Drug Services Handbook 1 General Information	4/1/2018	12/31/9999	
Medicaid/CHIP	Q2042	Tisagenlecleucel, up to 600 million CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Yes		TMPPM: Outpatient Drug Services Handbook 1 General Information	1/1/2019	12/31/9999	
Medicaid/CHIP	Q2043	Provenge (sipuleucel-T)	Yes		TMPPM	6/1/2024	12/31/9999	
Medicaid/CHIP	Q2053	Brexucabtagene autoleucel, up to 200 million autologous anti-cd19 car positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Yes		TMPPM: Outpatient Drug Services Handbook 1 General Information	4/1/2021	12/31/9999	

Medicaid/CHIP	Q2054	Lisocabtagene maraleucel, up to 110 million autologous anti-cd19 car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Yes		TMPPM	4/1/2023	12/31/9999	
Medicaid/CHIP	Q2055	Idecabtagene vicleucel, up to 460 million autologous b-cell maturation antigen (bcma) directed car-positive t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Yes	Interqual	None	9/1/2022	12/31/9999	
Medicaid/CHIP	Q2056	Ciltacabtagene autoleucel, up to 100 million autologous b-cell maturation antigen (bcma) directed car-positive t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Yes	Interqual	None	4/1/2023	12/31/9999	
Medicaid/CHIP	Q2057	Afamitresgene autoleucel, including leukapheresis and dose preparation procedures, per therapeutic dose	Yes		TMPPM	5/1/2025	12/31/9999	
Medicaid/CHIP	Q2058	Obecabtagene autoleucel, 10 up to 400 million cd19 car-positive viable t cells, including leukapheresis and dose preparation procedures, per infusion	Yes		TMPPM	8/1/2025	12/31/9999	
Medicaid/CHIP	Q5101	Injection, filgrastim-sndz, biosimilar, (zarxio), 1 microgram	Yes		TMPPM: Outpatient Drug Services Handbook 1 General Information	3/6/2015	12/31/9999	
Medicaid/CHIP	Q5103	Injection, infliximab-dyyb, biosimilar, (inflectra), 10 mg	Yes		TMPPM: Outpatient Drug Services Handbook 1 General Information	4/1/2018	12/31/9999	

Medicaid/CHIP	Q5104	Injection, infliximab-abda, biosimilar, (renflexis), 10 mg	Yes		TMPPM: Outpatient Drug Services Handbook 1 General Information	4/1/2018	12/31/9999	
Medicaid/CHIP	Q5105	Injection, epoetin alfa, biosimilar, (retacrit) (for esrd on dialysis), 100 units	Yes	Interqual	None	7/1/2018	12/31/9999	
Medicaid/CHIP	Q5106	Injection, epoetin alfa, biosimilar, (retacrit) (for non-esrd use), 1000 units	Yes	Interqual	None	7/1/2018	12/31/9999	
Medicaid/CHIP	Q5108	Injection, pegfilgrastim-jmdb, biosimilar, (fulphila), 0.5 mg	Yes		TMPPM: Outpatient Drug Services Handbook 1 General Information	10/1/2018	12/31/9999	
Medicaid/CHIP	Q5110	Injection, filgrastim-aafi, biosimilar, (nivestym), 1 microgram	Yes		TMPPM: Outpatient Drug Services Handbook 1 General Information	10/1/2018	12/31/9999	
Medicaid/CHIP	Q5111	Injection, pegfilgrastim-cbqv, biosimilar, (Udenyca), 0.5 mg	Yes		TMPPM: Outpatient Drug Services Handbook 1 General Information	3/1/2021	12/31/9999	
Medicaid/CHIP	Q5115	Injection, rituximab-abbs, biosimilar, 10 mg	Yes	Interqual	None	3/1/2021	12/31/9999	

Medicaid/CHIP	Q5119	Injection, rituximab-pvvr, biosimilar, (RUXIENCE), 10 mg	Yes	Interqual	None	11/1/2020	12/31/9999	
Medicaid/CHIP	Q5120	Injection, pegfilgrastim-bmez, biosimilar, (ZIEXTENZO), 0.5 mg	Yes	Interqual	None	11/1/2020	12/31/9999	
Medicaid/CHIP	Q5121	Injection, infliximab-axxq, biosimilar, (AVSOLA), 10 mg	Yes	Interqual	None	7/1/2020	12/31/9999	
Medicaid/CHIP	Q5122	Injection, pegfilgrastim (Nyvepria)	Yes	Interqual	TMPPM	4/1/2023	12/31/9999	
Medicaid/CHIP	Q5123	Injection, rituximab-arrx, biosimilar, (riabni), 10 m	Yes	Interqual	None	7/1/2021	12/31/9999	
Medicaid/CHIP	Q5124	Injection, ranibizumab-nuna, biosimilar, (byooviz), 0.1 mg	Yes	Interqual	None	8/1/2023	12/31/9999	
Medicaid/CHIP	Q5125	Injection, Releuko (filgrastim)	Yes	Interqual	TMPPM	4/1/2023	12/31/9999	

Medicaid/CHIP	Q5127	Injection, pegfilgrastim-fpgk (stimufend), biosimilar, 0.5 mg	Yes		TMPPM: Outpatient Drug Services Handbook 6.28 Colony Stimulating Factors	11/1/2023	12/31/9999	
Medicaid/CHIP	Q5128	Injection, ranibizumab-eqrn (cimerli), biosimilar, 0.1 mg	Yes		TMPPM: Outpatient Drug Services Handbook 6.28 Colony Stimulating Factors	11/1/2023	12/31/9999	
Medicaid/CHIP	Q5130	Injection, pegfilgrastim-pbbk (fylnetra), biosimilar, 0.5 mg	Yes		TMPPM: Outpatient Drug Services Handbook 6.28 Colony Stimulating Factors	1/1/2024	12/31/9999	
Medicaid/CHIP	Q5135	Injection, tocilizumab-aazg (tyenne), biosimilar, 1 mg	Yes		TMPPM	2/1/2025	12/31/9999	
Medicaid/CHIP	Q5140	Injection, adalimumab-fkjp, biosimilar, 1 mg	Yes		TMPPM	4/1/2025	12/31/9999	
Medicaid/CHIP	Q5141	Injection, adalimumab-aaty, biosimilar, 1 mg	Yes		TMPPM	4/1/2025	12/31/9999	
Medicaid/CHIP	Q5142	Injection, adalimumab-ryvk biosimilar, 1 mg	Yes		TMPPM	4/1/2025	12/31/9999	

Medicaid/CHIP	Q5143	Injection, adalimumab-adbm, biosimilar, 1 mg	Yes		TMPPM	4/1/2025	12/31/9999	
Medicaid/CHIP	Q5144	Injection, adalimumab-aacf (idacio), biosimilar, 1 mg	Yes		TMPPM	4/1/2025	12/31/9999	
Medicaid/CHIP	Q5145	Injection, adalimumab-afzb (abrilada), biosimilar, 1 mg	Yes		TMPPM	4/1/2025	12/31/9999	
Medicaid/CHIP	S1040	CRANIAL REMOLDING ORTHOSIS, PEDIATRIC, RIGID, WITH SOFT INTERFACE MATERIAL,	Yes		TMPPM: Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook 1 Gener .	1/1/2003	12/31/9999	
Medicaid/CHIP	S2053	Transplantation Of Small Int	Yes		TMPPM: Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook 1 General In	1/1/2009	12/31/9999	
Medicaid/CHIP	S2054	Transplantation Of Multivisc	Yes		TMPPM: Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook 1 General In	8/1/2013	12/31/9999	
Medicaid/CHIP	S2060	Lobar Lung Transplantation	Yes		TMPPM: Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook 1 General In	1/1/2009	12/31/9999	

Medicaid/CHIP	S2065	Simultaneous pancreas kidney transplantation	Yes		TMPPM: Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook 1 General In	1/1/2009	12/31/9999	
Medicaid/CHIP	S2068	Breast reconstruction with deep inferior epigastric perforator (DIEP) flap or superficial inferior epigastric artery (SI	Yes		Texas Medicaid Provider Procedures Manual - Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook: 9.2.42.3 Breast Reconstruction	1/1/2009	12/31/9999	
Medicaid/CHIP	S2142	Cord Blood-Derived Stem-Cell	Yes	Hayes Technologies	None	1/1/2009	12/31/9999	
Medicaid/CHIP	S2235	Implantation of auditory brain stem implant	Yes		Texas Medicaid Provider Procedures Manual - Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook: 9.2.42.3 Breast Reconstruction	8/1/2013	12/31/9999	
Medicaid/CHIP	S2401	Repair, urinary tract obstruction in the fetus, procedure performed in utero	Yes		None	8/1/2013	12/31/9999	
Medicaid/CHIP	S2402	Repair, congenital cystic adenomatoid malformation in the fetus, procedure performed in utero	Yes		None	8/1/2013	12/31/9999	
Medicaid/CHIP	S2403	Repair, extralobar pulmonary sequestration in the fetus, procedure performed in utero	Yes		None	8/1/2013	12/31/9999	

Medicaid/CHIP	S2405	Repair Of Sacrococcygeal Teratoma In The Fetus, Procedure Performed In	Yes		None	8/1/2013	12/31/9999	
Medicaid/CHIP	S2409	Repair, congenital malformation of fetus, procedure performed in utero, not otherwise classified	Yes		None	8/1/2013	12/31/9999	
Medicaid/CHIP	S8030	Scleral application of tantalum ring(s) for localization of lesions for proton beam therapy	Yes		TMPPM: Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook 1 General Information	8/1/2013	12/31/9999	
Medicaid/CHIP	S9110	Telemonitoring of patient in their home, including all necessary equipment; computer system, connections, and software; maintenance; patient education and support; per month	Yes		TMPPM	1/1/2025	12/31/9999	
Medicaid/CHIP	T1000	Private duty/independent nursing service(s) - licensed, up to 15 minutes	Yes		TMPPM: Home Health Nursing and Private Duty Nursing Services Handbook	1/1/2009	12/31/9999	
Medicaid/CHIP	T1002	RN services, up to 15 minutes	Yes		TMPPM: Clinics and Other Outpatient Facility Services Handbook 1 General Information	1/1/2009	12/31/9999	
Medicaid/CHIP	T1003	LPN/LVN services, up to 15 minutes	Yes		TMPPM: Clinics and Other Outpatient Facility Services Handbook 1 General Information	1/1/2009	12/31/9999	

Medicaid/CHIP	T1025	Intensive, Extended Multidisciplinary Services Provided In A Clinic Se	Yes		TMPPM: Children's Services Handbook 1 General Information	10/1/2019	12/31/9999	
Medicaid/CHIP	T1026	Intensive, extended multidisciplinary services provided in a clinic setting to children with complex medical, physical, mental and psychosocial impairments, per hour	Yes		TMPPM: Children's Services Handbook 1 General Information	10/1/2019	12/31/9999	