	Medicaid Behavioral Health and Medical Prior Authorization (PA) Code Matrix
MOLINA' HEALTHCARE	October 1, 2024
searcn this document, type in the keyw	word or code you are looking for by pressing press Ctrl F on your keyboard.
ease contact Molina at 1-855-322-4080 i	if you need more information about the Third-Party Proprietary Criteria referenced in this document or if information is needed in an alternate language.
formation that indicates certain items o	or services do not require authorization in this Prior Authorization (PA) Code Matrix document is only applicable for Participating Providers.
R ANY PA CHANGES DUE TO REGULATO	ORY GUIDANCE RELATED TO COVID 19 – PLEASE SEE PROVIDER NOTIFICATIONS AND MOST CURRENT INFORMATION ON THE PROVIDER PORTAL.
on-Participating Providers, with the exce	ception of some facility based professional services, require prior authorization for ALL services or items in all places of service. See exceptions below.
or authorization exceptions for Non-Pa	articipating Offices/Providers/Facilities:
Hospital Emergency Department Service	es;
valuation and Management services as	ssociated with inpatient, ER visits and observation stays;
Local Health Department (LHD) services	j
Other services based on State requireme	ients
adiologist, Anesthesiologist, and Patho	vologist professional services when billed in Place of Service Code 19, 21, 22, 23 or 24 (except dental anesthesia for STAR children)
n-Patient admits and services require	e Prior Authorization, including: Acute Hospital, Neonatal Intesive Care Unit (NICU), Skilled Nursing Facilities (SNF), Rehabilitation, and Long-Term Acute Care (LTAC) Facilities.
stetric Admissions for Delivery: Effection	tive 03/01/2024 no prior auth is required for three (3) days for a vaginal delivery or five (5) days for a Caesarean delivery. Additional inpatient days will require prior authorization for claims payment.
e codes in this document are for Out-Pa	atient services only.
	by Medicaid. CMS or your local State Regulatory Agency determines many of the plan benefits. The absence of a code from this list does not mean that a service is a covered benefit. Refer to the Texas Medicaid Fee Schedule and Texas Medicaid Provider Procedures Manual for the most up to date plan benefit information.
	: Prior authorization for services not currently listed as a Medicaid benefit may be considered for coverage under the case-by-case exception or DME Exceptional Circumstance Provision when prior authorized and medically necessary.
or authorizations are not required for t	
mergency Services for Participating or I	Non-Participating Providers.
Office visits at Participating Providers.	
Referrals to Participating Network Speci	ialists.
taining authorization does not guarant	tee payment. The plan retains the right to review benefit limitations and exclusions, beneficiary eligibility on the date of the service, correct coding, billing practices and whether the service was provided in the most appropriate and cost-effective setting of care.
services outside of the regulatory/cove	verage limits are subject to prior authorization review; coverage allowable and limits are outlined in the Texas Medicaid Provider Procedure Manual.
olina covers limited gene therapy servic	ices in accordance with our medical policies. All of these requests require Prior Authorization.
r additional information please contact	t Molina Healthcare 1-855-322-4080.
	Healthcare Services Screening Criteria Link
	Prior Authorization Code Matrix For Outpatient Drug Services

Texas Medicaid Provider Procedure Manual

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

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

The prior authorization information reflected on this document is general in nature and is not intended to be relied upon in making medical conditions, submitted by his/her physician in a particularized manner, that will factor into documents required, criteria applied, and Molina's decision of whether to approve or deny a requested service. Please contact Molina or your doctor to get more information regarding prior authorization for any particular service.

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized		Date of Annual Review
Anesthesia	Prior to 9/1/2019	00170	ANESTHESIA INTRAORAL WITH BIOPSY NOS	Information generally required to support authorization decision making includes, but not limited to: • Any documentation outlined in the Texas Medical Provider Procedure Manual • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical earm; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pretinent pychosocial history; • Pertinent pychosocial history; • Information and consultations with the treating practitioner; • Pertinent chards, graphs or photographic information, as appropriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Prior Auth Required for Medicaid (Star) member age 0-6 y/o. Provider to include DMO provider determination letter with PA request. Otherwise, PA is waived for all radiology, anesthesiology, and pathology services when billed in POS 19, 21, 22, 23 or 24	2/21/2024
Behavioral/Mental Health, Alcohol-Chemical Dependency: Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	Prior to 9/1/2019	0901	BEHAVIORAL HEALTH TREATMENT/SVCS - Electroshock Treatment	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diganostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent diganostic testing results, operative and/or pathological reports; +Treatment plan and consultations with the treating practitioner; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners; +Pertinent exats, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	Please submit corresponding CPT code 90870 for prior authorization.	2/21/2024

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

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

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

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Behavioral/Mental Health, Alcohol-Chemical Dependency: npatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	7/1/2022	90913	90913-8FB TRAING W/EMG and /MANOMETRY EA ADDL 15 MIN CNTCT	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Cinical eagus: +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent genometry of the presenting problem -Information and progress notes; +Pertinent revaluations from other health care practitioner; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations (s) -Pertinent revaluations; +Pertinent nevaluations; +Pertinent chards; graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Fax to 866-420-3639 Prior authorization is required for biofeedback services. Any combination of procedure codes 90901, 90912, and 90913 are a benefit for biofeedback sessions for urinary or fecal incontinence conditions in clients who are 4 years of age and older.	
Behavioral/Mental Health, Alcohol-Chemical Dependency: npatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	1/1/2022	97151	BEHAVIOR ID ASSESSMENT BY PHYS/QHP EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: • Any documentation outlined in the Texas Medicaid Proxedure Manual • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pretrainent gian and progress notes; • Pertinent typochoscial history; • Pertinent evaluations from other health care practitioner; • Pertinent evaluations from other health care practitioner; • Pertinent totarts, graphs or photographic information, as appropriate; • Rehabilitation evaluations; • Information requiring to local delivery system; and • Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/21/2024
Behavioral/Mental Health, Alcohol-Chemical Dependency: Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	Prior to 9/1/2019	97153	ADAPTIVE BEHAVIOR TX BY PROTOCOL TECH EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: • Any documentation outlined in the Texas Medicaid Provider Procedure Manual • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent typokhoscial history; • Pertinent explosiscial history; • Pertinent evaluations from other health care practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations from other health care practitioners, and propriate; • Rehabilitation evaluations; • Information action evaluations; • Information evaluations; • Information evaluations; • Information evaluations; • Information evaluations; • Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/21/2024
Behavioral/Mental Health, Alcohol-Chemical Dependency: npatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	Prior to 9/1/2019	97154	GROUP ADAPTIVE BHV TX BY PROTOCOL TECH EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: • Any documentation outlined in the Texas Medicaid Provider Procedure Manual • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychosocial history; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent toxits, graphs or photographic information, as appropriate; • Rehabilitation evaluations; • Information evaluations; • Informati	Texas Medicaid Provider Procedures Manual		2/21/2024
Behavioral/Mental Health, Alcohol-Chemical Dependency: npatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	Prior to 9/1/2019	97155	ADAPT BHV TX PRTCL MODIFICAJ PHYS QHP EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: • Any documentation outlined in the Texas Medical Provider Procedure Manual • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent toulations from other health care practitioners; • Pertinent totars, graphs or photographic information, as appropriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Behavioral/Mental Health, Alcohol-Chemical Dependency: Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	Prior to 9/1/2019	97156	FAMILY ADAPT BHV TX GDN PHYS QHP EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: • Any documentation outlined in the Texas Medicaid Proxedure Manual • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Treatment plan and progress notes; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioner; • Pertinent evaluations from other health care practitioner; • Rechabilitation evaluations; • Information evaluations; • Pertinent characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/2024
Behavioral/Mental Health, Alcohol-Chemical Dependency: Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	Prior to 9/1/2019	97157	MULTIPLE FAM GROUP BHV TX GDN PHYS QHP EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: • Any documentation outlined in the Texas Medicaid Provider Procedure Manual • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners; • Pertinent evaluations from other health care practitioners; • Pertinent evaluations from other health care practitioners, and propriate; • Renhabilitation evaluations; • Information evaluations; • Information evaluations; • Information evaluations; • Information evaluations; • Information evaluations; • Pertinent theoral headth care practitioner; • Pertinent theoral headth care practitioner; • Pertinent treagending the local delivery system; and • Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/2024
Behavioral/Mental Health, Alcohol-Chemical Dependency: Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	Prior to 9/1/2019	97158	GRP ADAPT BHV PRTCL MODIFCAJ PHYS QHP EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: • Any documentation outlined in the Texas Medicaid Provider Procedure Manual • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychosocial history; • Pertinent thats, graphs or photographic information, as appropriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/2024
Behavioral/Mental Health, Alcohol-Chemical Dependency: Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	1/1/2022	99366	TEAM CONFERENCE FACE-TO-FACE NONPHYSICIAN	Information generally required to support authorization decision making includes, but not limited to: • Any documentation outlined in the Texas Medicaid Provider Procedure Manual • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychosocial history; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent explaudions from other health care practitioners; • Pertinent explandions for othotographic information, as appropriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/2024
Behavioral/Mental Health, Alcohol-Chemical Dependency: Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	7/1/2023	G0480	DRUG TEST DEFINITV DR ID METH P DAY 1-7 DRUG CL	Information generally required to support authorization decision making includes, but not limited to: • Any documentation outlined in the Texas Medicaid Provider Procedure Manual • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychosoical history; • Pertinent psychosoical history; • Information and consultations with the treating practitioner; • Pertinent chards, graphs or photographic information, as appropriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information.	Texas Medicaid Provider Procedures Manual DEFINITIVE - PA required after 12 dates of service	2 2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized		Date of Annual Review
Behavioral/Mental Health, Alcohol-Chemical Dependency: Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	7/1/2023	G0481	DRUG TEST DEFINITV DR ID METH P DAY 8-14 DRUG CL	Information generally required to support authorization decision making includes, but not limited to: • Any documentation outlined in the Texas Medicaid Provider Procedure Manual • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent dispositions with the treating practitioner; • Pertinent evaluations from other health care practitioner; • Pertinent evaluations from other health care practitioner; • Pertinent evaluations from other health care practitioner; • Pertinent evaluations: • Information evaluations; • Pertinent characteristics and information.	Texas Medicaid Provider Procedures Manual	DEFINITIVE - PA required after 12 dates of service	2/21/2024
Behavioral/Mental Health, Alcohol-Chemical Dependency: Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	7/1/2023	G0482	DRUG TEST DEFINITV DR ID METH P DAY 15-21 DR CL	Information generally required to support authorization decision making includes, but not limited to: • Any documentation outlined in the Texas Medicaid Provider Procedure Manual • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pretinent physichoscial history; • Information and consultations with the treating practitioner; • Pertinent thorats, graphs or photographic information, as appropriate; • Rehabilitation evaluations; • Information evaluations; • Information evaluations; • Information evaluations; • Information evaluations; • Information evaluations; • Information evaluations; • Pertinent charts, graphs or photographic information, as appropriate; • Rehabilitation evaluations; • Information evaluations; • Information evaluations; • Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	DEFINITIVE - PA required after 12 dates of service	2/21/2024
Behavioral/Mental Health, Alcohol-Chemical Dependency: Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	7/1/2023	G0483	DRUG TST DEFINITV DR ID METH P DAY 22/MORE DR CL	Information generally required to support authorization decision making includes, but not limited to: • Any documentation outlined in the Texas Medicaid Provider Procedure Manual • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychosocial history; • Pertinent psychosocial history; • Pertinent evaluations with the treating practitioner; • Pertinent evaluations from other health care practitioner; • Pertinent torgs on photographic information, as appropriate; • Rethabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	DEFINITIVE - PA required after 12 dates of service	2/21/2024
Behavioral/Mental Health, Alcohol-Chemical Dependency: Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	7/1/2023	G0659	DRUG TEST DEFINITV DRUG ID METH ANY # DR CLASSES	Information generally required to support authorization decision making includes, but not limited to: • Any documentation outlined in the Texas Medical Provider Procedure Manual • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pretinent psychosocial history; • Pertinent charts, graphs or photographic information, as appropriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	DEFINITIVE - PA required after 12 dates of service	2/21/2024
Behavioral/Mental Health, Alcohol-Chemical Dependency: Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	7/1/2024	H0004	BEHAVIORAL HEALTH CNSL AND THERAPY PER 15 MINUTES	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent dignostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent dignostic testing and consultations with the treating practitioner; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners; +Pertinent evaluations from other health care practitioners; +Pertinent evaluations report priority information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria		9/11/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Behavioral/Mental Health, Alcohol-Chemical Dependency: Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	7/1/2024	H0005	ALCOHOL AND OR DRUG SERVICES; GROUP CNSL CLINICIAN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria		9/11/2024
Behavioral/Mental Health, Alcohol-Chemical Dependency: Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	4/1/2021	H0008	ALCOHOL AND OR DRUG SRVC; SUB- ACUTE DTOX HOSP IP	Information generally required to support authorization decision making includes, but not limited to: *Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; *History of the presenting problem *Clinical exam; *Pertinent diagnostic testing results, operative and/or pathological reports; *Pertinent graphs and progress notes; *Pertinent psychosocial history; *Information and consultations with the treating practitioner; *Pertinent chalators for other health care practitioners and providers; *Pertinent chalators for other health care practitioners and providers; *Pertinent chalst, graphs or photographic information, as appropriate; *Rehabilitation evaluations; *Information regarding the local delivery system; and *Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Behavioral/Mental Health, Alcohol-Chemical Dependency: Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	4/1/2021	H0009	ALCOHOL AND OR DRUG SERVICES; ACUTE DTOX HOSP IP	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent exaluations from other health care practitioners and providers; +Pertinent exaluations from other health care practitioners and providers; +Pertinent exaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Behavioral/Mental Health, Alcohol-Chemical Dependency: Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	4/1/2021	H0010	ALCOHOL and / DRUG SRVC; SUB- ACUTE DTOX RES PROG IP	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Cinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent revaluations from other health care practitioners and providers; •Pertinent revaluations from other health care practitioners and providers; •Pertinent revaluations from other health care practitioners and providers; •Pertinent revaluations (; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Behavioral/Mental Health, Alcohol-Chemical Dependency: Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	4/1/2021	H0011	ALCOHOL and / DRUG SERVICES; ACUTE DTOX RES PROG IP	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent pan and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent exatts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024

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

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

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

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Behavioral/Mental Health, Alcohol-Chemical Dependency: Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	Prior to 9/1/2019	H2018	PSYCHOSOCIAL REHABILITATION SERVICES PER DIEM	Information generally required to support authorization decision making includes, but not limited to: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem - Clinical exam; + Pertinent diagnostic testing results, operative and/or pathological reports; - Pretinent psychosocial history; + Pertinent psychosocial history; - Information and consultations with the treating practitioner; - Pertinent thats, graphs or photographic information, as appropriate; - Rehabilitation evaluations; - Information regarding the local delivery system; and - Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Behavioral/Mental Health, Alcohol-Chemical Dependency: Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	Prior to 9/1/2019	H2020	THERAPEUTIC BEHAVIORAL SERVICES PER DIEM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the trating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent torks, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Behavioral/Mental Health, Alcohol-Chemical Dependency: npatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	1/1/2024	H2035	ALCOHOL AND OR OTH DRUG TREATMENT PROGRAM PER HOUR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the tracing practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioner and providers; •Pertinent results; •Pertinent nertine results; •Pertinent nertine regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/21/2024
Behavioral/Mental Health, Alcohol-Chemical Dependency: npatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	7/1/2020	H2036	ALCOHOL AND OR OTH DRUG TREATMENT PROGRAM PER DIEM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent torist, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Behavioral/Mental Health, Alcohol-Chemical Dependency: npatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	Prior to 9/1/2019	50201	PARTIAL HOSITALIZATION SERVICES UNDER 24 HR PER DIEM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Olinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized		Date of Annual Review
Behavioral/Mental Health, Alcohol-Chemical Dependency: Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	Prior to 9/1/2019	\$5150	HOME CARE TRAINING FAMILY; PEP	 Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Pretinent provide the story; Pertinent provides notes; Pertinent evaluations from other health care practitioner; Pertinent evaluations from other health care practitioners; Pertinent regarding the local delivery system; and Patient characteristics and information. 	Third Party Proprietary Criteria		2/21/2024
Behavioral/Mental Health, Alcohol-Chemical Dependency: npatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	Prior to 9/1/2019	55111	UNSKILLED RESPITE CARE NOT HOSPICE; PER 15 MIN	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent psychosocial history; -Pertinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent charts, graphs or photographic information, as appropriate; -Pertinent resultations for -Pertinent regarding the local delivery system; and -Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Behavioral/Mental Health, Alcohol-Chemical Dependency: npatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	7/1/2020	59480	INTENSIVE OP PSYCHIATRY	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; =Pertinent diagnostic testing results, operative and/or pathological reports; =Treatment plan and progress notes; =Pertinent psychosocial history; =Information and consultations with the treating practitioner; =Pertinent evaluations from other health care practitioners and providers; =Pertinent charts, graphs or photographic information, as appropriate; =Rehabilitation evaluations; =Information regarding the local delivery system; and =Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Behavioral/Mental Health, Alcohol-Chemical Dependency: npatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	1/1/2022	T1025	INTEN MXDISCPLIN SRVC CHILD W/CMPLX IMPAIR DIEM	Information generally required to support authorization decision making includes, but not limited to: + Any documentation outlined in the Texas Medicaid Provider Procedure Manual + Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem + Clinical exam; + Pertinent diagnostic testing results, operative and/or pathological reports; + Treatment plan and progress notes; + Treatment plan and progress notes; + Pertinent psychoscial history; + Information and consultations with the treating practitioner; + Pertinent evaluations from other health care practitioners; and providers; + Pertinent evaluations from other health care practitioners; + Pertinent evaluations from other health care practitioner; + Rehabilitation evaluations; + Information regarding the local delivery system; and + Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Prescribed Pediatric Extended Care Center (PPECC) Benefit. Please fax to 866-420-3639.	2/21/2024
Behavioral/Mental Health, Alcohol-Chemical Dependency: patient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	1/1/2022	T1026	INTEN MXDISCPLIN SRVC CHILD W/CMPLX IMPAIR HR	Information generally required to support authorization decision making includes, but not limited to: • Any documentation outlined in the Texas Medicaid Procedure Manual • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychosocial history; • Information and consultations with the reading practitioner; • Pertinent psychosocial history; • Pertinent charts, graphs or photographic information, as appropriate; • ehabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Prescribed Pediatric Extended Care Center (PPECC) Benefit. Please fax to 866-420-3639.	2/21/2024

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

Service Category Notes	Effective Date	Code Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15781 DERMABRASION SEGMENTAL FAC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioner, appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/21/2024
Cosmetic, Plastic & Reconstructive Procedures Prior to 9/1	Prior to 9/1/2019	15782 DERMABRASION REGIONAL OTHER THAN FACE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioner, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/21/202
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15783 DERMABRASION SUPERFICIAL ANY SITE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history: •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluation soft photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/21/202
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15788 CHEMICAL PEEL FACIAL EPIDERMA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •Iiticary of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/21/202
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15789 CHEMICAL PEEL FACIAL DERMAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history: •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluation soft on other health care practitioners and providers; •Pertinent overlation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/21/20:

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Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15792	CHEMICAL PEEL NONFACIAL EPIDERMAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; Horformation and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/21/2024
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15793	CHEMICAL PEEL NONFACIAL DERMAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •Isitory of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent paychosocial history; •Information and consultations with the treating practitioner; •Pertinent charls, graphs or photographic information, as appropriate; •Pertinent charls, graphs or photographic information, as appropriate; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/21/2024
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15820	BLEPHAROPLASTY LOWER EYELID	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent paychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/21/2024
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15821	BLEPHAROPLASTY LOWER EYELID HERNIATED FAT PAD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent cards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/21/202-
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15822	BLEPHAROPLASTY UPPER EYELID	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations rom other health care practitioners and providers; •Pertinent evaluation subtom spite information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/21/202

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Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15823	BLEPHAROPLASTY UPPER EYELID W EXCESSIVE SKIN	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pretiment psychosocial history; -Information and progress notes; -Pertinent evaluations from other health care practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent evaluations from other health care practitioners; -Pertinent charts, graphs or photographic information, as appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/21/202
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15824	RHYTIDECTOMY FOREHEAD	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent gans and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/21/202-
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15825	RHYTIDECTOMY NECK W PLATYSMAL TIGHTENING	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent paken and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent tarks, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/21/202
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15826	RHYTIDECTOMY GLABELLAR FROWN LINES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/21/202
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15828	RHYTIDECTOMY CHEEK CHIN AND	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent psychosocial history; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Pertinent charts, graphs or photographic information, as appropriate; =Rehabilitation evaluations; =Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/21/202

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Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15829 RHYTIDECTOMY SMAS FLAP	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent davaluations from other health care practitioners and providers; •Pertinent chards, graphs or photographic information, as appropriate; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/21/2024
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15832 EXCISION EXCESSIVE SKIN AND SUBQ TISSUE THIGH	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical seam; •Pertiment diagnostic testing results, operative and/or pathological reports; •Pertiment plan and progress notes; •Pertiment psychosocial history: •Information and consultations with the treating practitioner; •Pertiment evaluations from other health care practitioners and providers; •Pertiment evaluations from other health care practitioners and providers; •Pertiment orden seaming or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/21/2024
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15833 EXCISION EXCESSIVE SKIN AND SUBQ TISSUE LEG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertiment diagnostic testing results, operative and/or pathological reports; •Pertiment plan and progress notes; •Pertiment psychosocial history; •Information and consultations with the treating practitioner; •Pertiment evaluations from other health care practitioners and providers; •Pertiment evaluations form other health care practitioners and providers; •Pertiment care and the evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/21/2024
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15834 EXCISION EXCESSIVE SKIN AND SUBQ TISSUE HIP	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertiment diagnostic testing results, operative and/or pathological reports; •Pertiment plan and progress notes; •Pertiment psychosocial history; •Information and consultations with the treating practitioner; •Pertiment evaluations from other health care practitioners and providers; •Pertiment tharts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/21/2024
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15835 EXCISION EXCESSIVE SKIN AND SUBQ TISSUE BUTTOCK	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertiment diagnostic testing results, operative and/or pathological reports; •Pertiment plan and progress notes; •Pertiment psychosocial history; •Information and consultations with the treating practitioner; •Pertiment evaluations from other health care practitioners and providers; •Pertiment evaluations from other health care practitioners and providers; •Pertiment on evaluations; •Information evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/21/2024

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Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15836	EXCISION EXCESSIVE SKIN AND SUBQ TISSUE ARM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and concers notes; •Pertinent evaluations from other health care practitioner; •Pertinent valuations from other health care practitioners and providers; •Pertinent tharts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/21/2024
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15837	EXC EXCESSIVE SKIN AND SUBQ TISSUE FOREARM HAND	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent testing stratistic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/21/2024
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15838	EXC EXCSV SKIN AND SUBQ TISSUE SUBMENTAL FAT PAD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial histor; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent net evaluations (s) •Pertinent net evaluations (s) •Pertinent net evaluations (s) •Pertinent care grading the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/21/2024
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15839	EXCISION EXCESSIVE SKIN AND SUBQ TISSUE OTHER AREA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial histor; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent toris, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/21/2024
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15847	EXCISION EXCESSIVE SKIN AND SUBQ TISSUE ABDOMEN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent net availations spice in the state of the state	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/21/2024

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Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15876	SUCTION ASSISTED LIPECTOMY HEAD AND NECK	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertiment daganostic testing results, operative and/or pathological reports; •Pertiment plan and progress notes; •Pertiment plan and progress notes; •Pertiment evaluations from other health care practitioner; •Pertiment evaluations from other health care practitioners; •Pertiment evaluations from other health care practitioners; •Pertiment evaluations from other health care practitioners; •Pertiment evaluations rom other health care practitioners; •Pertiment endoweduations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/21/2024
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15877	SUCTION ASSISTED LIPECTOMY TRUNK	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •Iistory of the presenting problem •Clinical exam; •Pertiment diagnostic testing results, operative and/or pathological reports; •Pertiment plan and progress notes; •Pertiment syschosocial history; •Information and consultations with the treating practitioner; •Pertiment evaluations from other health care practitioners; •Pertiment charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/21/2024
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15878	SUCTION ASSISTED LIPECTOMY UPPER EXTREMITY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent plan and progress notes; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent orelation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/21/2024
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15879	SUCTION ASSISTED LIPECTOMY LOWER EXTREMITY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •Iistory of the presenting problem •Clinical exam; •Pertiment diagnostic testing results, operative and/or pathological reports; •Pertiment plan and progress notes; •Pertiment systhess could history; •Information and consultations with the treating practitioner; •Pertiment evaluations from other health care practitioners; •Pertiment evaluations from other health care practitioners; •Pertiment charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/21/2024
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	17380	ELECTROLYSIS EPILATION EACH 30 MINUTES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertiment diagnostic testing results, operative and/or pathological reports; •Pertiment plan and progress notes; •Pertiment psychosocial history; •Information and consultations with the treating practitioner; •Pertiment evaluations from other health care practitioners and providers; •Pertiment evaluations from other health care practitioners and providers; •Pertiment diverse provident or evaluation evaluation evaluation as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	19300	MASTECTOMY GYNECOMASTIA	Information generally required to support authorization decision making includes, but not limited to: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem - Clinical exam; - Pertinent diagnostic testing results, operative and/or pathological reports; - Treatment plan and progress notes; - Pertinent psychosocial history; - Information and consultations with ther health care practitioner; - Pertinent evaluations from other health care practitioners and providers; - Pertinent evaluations from other health care practitioners and providers; - Rehabilitation evaluations; - Information regarding the local delivery system; and - Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Prior authorization required, except with breast cancer diagnoses	2/21/2024
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	19316	MASTOPEXY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical eases: •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Prior authorization required, except with breast cancer diagnoses	2/21/2024
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	19318	REDUCTION MAMMAPLASTY	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Olinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretrinent pan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent tests, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Prior authorization required, except with breast cancer diagnoses	2/21/202
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	19325	MAMMAPLASTY AUGMENTATION N	W Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioner, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Prior authorization required, except with breast cancer diagnoses	2/21/202
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	19328	REMOVAL INTACT MAMMARY IMPLANT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent nertine revealuations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Breast Implant Removal	Prior authorization required, except with breast cancer diagnoses	2/21/202

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	19330	REMOVAL MAMMARY IMPLANT MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history: •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Rethinent ion evaluations; •Information evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Breast Implant Removal	Prior authorization required, except with breast cancer diagnoses	2/21/2024
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	19340	IMMT INSJ BRST PROSTH FLWG MASTOPEXY MAST RCNSTJ	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Ireatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent orealistic evaluations are protographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Prior authorization required, except with breast cancer diagnoses	2/21/2024
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	19342	DLYD INSJ BRST PROSTH FLWG MASTOPEXY MAST RCNSTJ	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent overlautions (s) •Pertinent evaluation regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Prior authorization required, except with breast cancer diagnoses	2/21/202
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	19350	NIPPLE AREOLA RECONSTRUCTION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent jup and any progress notes; •Pertinent paychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Prior authorization required, except with breast cancer diagnoses	2/21/202
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	19355	CORRECTION INVERTED NIPPLES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •Iistory of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluation soft nor other health care practitioners and providers; •Pertinent evaluation soft nor other health care practitioners and providers; •Pertinent evaluation regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Prior authorization required, except with breast cancer diagnoses	2/21/202

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	19396	PREPARATION MOULAGE CUSTOM BREAST IMPLANT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment pan and progress notes; •Pertinent psychosocial history; •Information and consultations with the reating practitioner; •Pertinent totarts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and +Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Prior authorization required, except with breast cancer diagnoses	2/21/202
Cosmetic, Plastic & Reconstructive Procedures Prior	Prior to 9/1/2019	30400	RHINP PRIM LAT AND ALAR CRTLGS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent gan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent treatures protographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/21/202
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	30410	RHINP PRIM COMPLETE XTRNL PARTS	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations from other health care practitioners appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/21/202
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	30420	RHINOPLASTY PRIMARY W MAJOR SEPTAL REPAIR	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem =Clinical exam; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pretinent ganoat progress notes; =Pertinent psychosocial history; =Information and consultations with the treating practitioner; =Pertinent evaluations from other health care practitioners and providers; =Pertinent that's, graphs or photographic information, as appropriate; =Rehabilitation evaluations; =Information regarding the local delivery system; and =Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/21/202
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	30430	RHINOPLASTY SECONDARY MINOR REVISION	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations from other health care practitioners appropriate; +Rehabilitation evaluations; information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/21/20

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	30435	RHINOPLASTY SECONDARY INTERMEDIATE REVISION	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pretiment psychosocial history; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent evaluations from other health care practitioners and providers; -Pertinent revaluations (s): -Pertinent revaluations (s): -Pertinent cards, graphs or photographic information, as appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/21/2024
Cosmetic, Plastic & Reconstructive Procedures		30450	RHINOPLASTY SECONDARY MAJOR REVISION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent revaluations from other health care practitioners and providers; •Pertinent revaluations from other health care practitioners and providers; •Pertinent revaluations from other health care practitioners and providers; •Pertinent revaluations (given evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/21/2024
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	30460	RHINP DFRM W COLUM LNGTH TIP ONLY	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent revaluations from other health care practitioners and providers; •Pertinent revaluations from other health care practitioners and providers; •Pertinent revaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/21/2024
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	30462	RHINP DFRM COLUM LNGTH TIP SEPTUM OSTEOT	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pretinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent charts, graphs or photographic information, as appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/21/202
Cosmetic, Plastic & Reconstructive Procedures	1/1/2021	30468	REPAIR OF NASAL VALVE COLLAPSE WITH SUBCUTANEOUS/SUBMUCOSAL LATERAL WALL IMPLANT(S)	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent psychosocial history; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent charts; graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	67904	RPR BLEPHAROPTOSIS LEVATOR RESCJ ADVMNT XTRNL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +Uistory of the presenting problem •Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioner; +Pertinent evaluations from other health care practitioner, as appropriate; +Pertinent carls, graphs or photographic information, as appropriate; +Rehabilitation evaluations; information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Blepharoplasty	Prior Authorization required in any setting.	2/21/2024
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	67906	RPR BLEPHAROPTOSIS SUPERIOR RECTUS FASCIAL SLING	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Blepharoplasty	Prior Authorization required in any setting.	2/21/2024
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	67908	RPR BLPOS CONJUNCTIVO-TARSO- MUSC-LEVATOR RESCJ	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent paychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent orealing evaluations; •Information negarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Blepharoplasty	Prior Authorization required in any setting.	2/21/2024
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	69300	OTOPLASTY PROTRUDING EAR W	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Iclinical exam; •Pertinent garance process notes; •Pertinent pay-chooscial history; •Information and consultations with the reating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from the host host of the sappropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	1/1/2022	0705T	REM TX AMBLYOPIA TCH SPRT MIN 18 TRAING HR EA 30	Information generally required to support authorization decision making includes: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical earn; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pertinent psychosocial history; • Pertinent psychosocial history; • Pertinent psychosocial history; • Pertinent psychosocial history; • Pertinent charts, graphs or photographic information, as appropriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient chart-ceristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physicia/practitioner is • Prescribing physicia/practitioner is • Prescribing physicia/practitioner is • Percine is physicia/practitioner is and information is of the physicial physician/practitioner is appropriate (NPP)	Third Party Proprietary Criteria		2/21/2024
Durable Medical Equipment (DME)	7/1/2024	A4239	SPLY ALW NONADJUNC NONIMPL CGM 1 MO SPLY Equal to 1 UOS	6. The date of the order 1. The date of the order 2. A description of the item of DNE ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the presenting physician/practitioner	Texas Medicaid Provider Procedures Manual		9/11/2024
Durable Medical Equipment (DME)	7/1/2023	A4341	NDWELL IU DRAIN DEVC VLV PT INSRT REPLC ONLY EA	 5. Prescribing physician/practitioner's National Practitioner identifier (NPI) (Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Prestiment groups on the setting problem •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioner; •Pertinent regarding the local delivery system; and •Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. Adescription of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner [dentifier (NPI)] 	Texas Medicaid Provider Procedures Manual		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	7/1/2023	A4342	ACC PT INS INDWELL IU DRN DEVC VLV REPLC ONLY EA	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners, appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/21/2024
				CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner's National Practitioner Identifier (NPI)			
Durable Medical Equipment (DME)	7/1/2023	A4560	NEUROMUSCULAR ELECTRICAL STIN DISP REPLC ONLY		Texas Medicaid Provider Procedures Manual		2/21/2024
				or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 6. The date of the order 7. The date of the or			
Durable Medical Equipment (DME)	7/1/2023	B4105	IN-LINE CART CTG DIG ENZYME ENTERAL FEEDING EA	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Preatment plan and progress notes; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations rom other health care practitioner, appropriate; •Rehabilitation evaluation; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/21/2024
				CMS DME & Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner identifier (NPI) 6. The date of the prefer			

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	4/1/2020	84187	Omegaven, 10 g lipids	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner 5. Prescribing physician/practitioners	Texas Medicaid Provider Procedures Manual	In any setting (Add on for TPN)	2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	89000	ENTERAL NUT INFUS PUMP - W O		Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	89998	NOC FOR ENTERAL SUPPLIES	Information generally required to support authorization making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +Nistory of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Information and consultations with the treating practitioner; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent tests, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. Advectription of the item of DME orderedthe description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner's National Practitioner (MPI) 6. The date of the order	Texas Medicaid Provider Procedures Manual		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	4/1/2020	C1734	ORTHOPEDIC/DEVC/DX MATRIX OP BTB/SFT TISS-TO BN	Information generally required to support authorization decision making includes: Uurrent (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Pretinent gian and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners; Pertinent evaluations from other health care practitioner; Pertinent evaluations from other health care practitioner; Pertinent revaluations from other health care practitioner; Pertinent revaluations from other health care practitioner; Pertinent charst, graphs or photographic information, as appropriate; Pertinent charsteristics and information, as appropriate; Patient characteristics and information. CMS DML 6 Element Order L. Beneficiary's name A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number S. Quantity Sensorume physicain/practitioners	Third Party Proprietary Criteria		2/21/2024
Durable Medical Equipment (DME)	4/1/2020	C1982	CATHETER PRES GENERAT 1-WAY VALV INTERMIT OCCL	Fiesd on gripscharp productione's reactioner denotes (very Fiesd on gripscharp productione's reactioner denotes (very Fiesd on gripscharp required to support authorization decision making includes: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem	Third Party Proprietary Criteria		2/21/2024
Durable Medical Equipment (DME)	9/1/2019	(2624		Clinical exam; Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Pertinent diagnostic testing results, operative and/or pathological reports; Pertinent psychosocial histor; Pertinent psychosocial histor; Pertinent evaluations with the trating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent that, graphs or photographic information, as appropriate; Pertinent characteristics and information, as appropriate; Pertinent characteristics and information. CMS DME 6 Element Order A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number A description of the prescribing physicaln/practitioner identifier (NPI) F. The date of the ordere Information regarding physicaln/practitioner identifier (NPI) F. The date of the ordered	Third Party Proprietory Critoria		2/21/2024
Durable Medical Equipment (DME)	9/1/2019	C2624	IMPL WIRELESS PULM AR I ERY PRES	•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent gian and progress notes; •Pertinent evaluations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners; •Pertinent revaluations from other health care practitioners; •Pertinent nergarding the local delivery system; and •Patient characteristics and information. CMS DME 6 Element Order I. Beneficiary's name	Third Party Proprietary Criteria		2/21/2024
				A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number S. Quantity Signature of the prescribing physician/practitioner S. Prescribing physician/practitioner's National Practitioner Identifier (NPI) The date of the order			

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0194	AIR FLUIDIZED BED	Information generally required to support authorization decision making includes: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem =Clinical exam; =Pertinent diagnostic testing results, operative and/or pathological reports; =Treatment plan and progress notes; =Pertinent diagnostic testing results, operative and/or pathological reports; =Treatment plan and progress notes; =Pertinent drats, graphs or photographic informationers and providers; =Pertinent charts, graphs or photographic information, as appropriate; =Rehabilitation evaluations; =Information regarding the local delivery system; and =Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Guantity 4. Signature of the prescribing physican/practitioners	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0255	HOS BED VARIBL HT W ANY TYPE SIDE RAIL W MATTRSS	S. Prescribing physician/practitioner's National Practitioner Identifier (NPI) G. The date of the order Information generally required to support authorization decision making includes: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	Texas Medicaid Provider Procedures Manual		2/21/2024
				History of the presenting problem -Ulnical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent charts, graphs or photographic information, as appropriate; -Pertinent charts, graphs or photographic information, as appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 6. The date of the order			
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0260	HOS BED SEMI-ELEC W ANY TYPE SIDE RAIL W MATTRSS	Information generally required to support authorization decision making includes: - Current (up to 6 months) adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem - Clinical exam; - Pertinent dignostic testing results, operative and/or pathological reports; - Treatment plan and progress notes; - Pertinent dignostic testing results, operative and/or pathological reports; - Treatment plan and progress notes; - Information and consultations with the treating practitioner; - Information and consultations from other health care practitioners and providers; - Pertinent evaluations from other health care practitioners and providers; - Pertinent evaluations from other health care practitioners and providers; - Pertinent evaluations from other health care practitioners and providers; - Pertinent evaluations; - Information evaluations; - Information evaluations; - Information evaluations; - Information evaluations; - Rehabilitation evaluations; - Information evaluations; - Reheficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity - Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 6. The date of the order	Texas Medicaid Provider Procedures Manual		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0261	HOS BED SEMI-ELEC ANY TYPE SIDE RAIL W O MATTRSS	Information generally required to support authorization decision making includes: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent exats, graphs or photographic information, as appropriate; •Rehabilitation evaluations from other health care practitioners and providers; •Pertinent exats, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescripting physician/practitioner 5. Description bruicing of cordination and hospital bed).	Texas Medicaid Provider Procedures Manual		2/21/202
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0265	HOSP BED TOT ELEC W ANY TYPE SIDE RAIL W MATTRSS	5. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 6. The date of the order Information generally required to support authorization decision making includes: Information generally required to support authorization decision making includes: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +Uistory of the presenting problem	Texas Medicaid Provider Procedures Manual		2/21/20
				- Clinical exam; - Pertinent diagnostic testing results, operative and/or pathological reports; - Treatment plan and progress notes; - Pertinent diagnostic testing results, operative and/or pathological reports; - Treatment plan and progress notes; - Pertinent characteristics multiple the constraint of the real of the providers; - Pertinent characteristics and information, as appropriate; - Rechabilitation evaluations; - Information evaluations; - Information evaluations; - Information evaluations; - Pertinent characteristics and information, as appropriate; - Rechabilitation evaluations; - Information regarding the local delivery system; and - Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner identifier (NPI) 6. The date of the profession - Comparison of the inter of the prescribing physician/practitioner identifier (NPI) 6. The date of the profession - Comparison of the inter of the prescribing physician/practitioner identifier (NPI) - The date of the profession - Comparison - Comparis			
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0266	HOS BED TOT ELEC ANY TYPE SIDE RAIL W O MATTRSS	Information generally required to support authorization making includes: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem • Clinical exam; • Pertinent tidagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Information and consultations with the treating practitioner; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent tests, graphs or photographic information, as appropriate; • Rehabilitation evaluations; • Information requiring the local delivery system; and • Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner	Texas Medicaid Provider Procedures Manual		2/21/20

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	Information generally required to support authorization decision making includes: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent paychosocial history; +Information and consultations with the treating practitioner; +Pertinent exits, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0292	HOSP BED VARIBL HT HI-LO W O	S. Prescribing physician/practitioner's National Practitioner Identifier (NPI) The date of the order Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	Texas Medicaid Provider Procedures Manual		2/21/2024
			SIDE RAIL W MATTRSS	History of the presenting problem -Clinical exam; -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Treatment plan and progress notes; -Pertinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent evaluations from other health care practitioners; -Pertinent evaluations from other health care practitioners; -Pertinent evaluations or photographic information, as appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner's National Practitioner (NPI) 6. The date of the order			
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0293	HOS BED VARIBL HT HI-LO W O SIDE RAIL NO MATTRSS	Information generally required to support authorization decision making includes: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pertinent plan and progress notes; • Pertinent chards, graphs or photographic informationer; • Pertinent chards, graphs or photographic information, as appropriate; • Pertinent chards, graphs or photographic information, as appropriate; • Pertinent chards, graphs or photographic information, as appropriate; • Pertinent chards; straphs or photographic information, as appropriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantify 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner S	Texas Medicaid Provider Procedures Manual		2/21/202

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019		HOSPITAL BED SEMI-ELEC W O SIDE RAILS W MATTRSS	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •Lilicary of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Pertinent exaluations with the treating practitioner; •Pertinent evaluations from other health care practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient charts, graphs or information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/pracitioner	Texas Medicaid Provider Procedures Manual		2/21/202
				5. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 6. The date of the order			
Durable Medical Equipment (DME)	Prior to 9/1/2019		HOSP BED SEMI-ELEC W O SIDE RAILS W O MATTRSS	Information generally required to support authorization decision making includes: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem • Clinical exam; • Pertiment diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertiment playchosocial history; • Pertiment playchosocial history; • Pertiment evaluations with the treating practitioner; • Pertiment evaluations from other health care practitioner; • Pertiment explays on photographic information, as appropriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner identifier (NPI) 6. The date of the order	Texas Medicaid Provider Procedures Manual		2/21/20
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0296	RAILS W MATTRSS	Information generally required to support authorization decision making includes: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem + Clinical exam; - Pertinent diagnostic testing results, operative and/or pathological reports; + Treatment plan and progress notes; + Treatment plan and progress notes; + Pertinent playchosocial history; + Information and consultations with the treating practitioner; + Pertinent playchosocial history; + Pertinent charts, graphs or photographic information, as appropriate; + Pertinent explauditors from other health: care practitioner and providers; + Pertinent explaints or photographic information, as appropriate; + Rehabilitation evaluations; + Information regarding the local delivery system; and + Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physicia/practitioner 5 5. Prescribing physicia/practitioner is Mational Practitioner for the item for the integree is the stress of the therefore is the stress of the integree is the stress of the integree is the stress of the physician/practitioner is the integree is the stress of the prescribing physician/practitioner is the integree is the stress of the physician/practitioner is the integree is the integr	Texas Medicaid Provider Procedures Manual		2/21/20

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0297	HOSP BED TOTAL ELEC W O SIDE RAILS W O MATTRSS	Information generally required to support authorization decision making includes: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent revaluations from other health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5 5. Prescribing physician/practitioner 5 ************************************	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0300	PED CRIB HOS GRADE FULLY ENC W WO TOP ENC		Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0301	HOS BED HEVY DUTY XTRA WIDE W WT CAPACTY OVER 350 PDS		Texas Medicaid Provider Procedures Manual		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0302	HOS BED XTRA HEVY DUTY WT CAP OVER 600 PDS W O MTTRSS	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +Ilistory of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial histor; •Information and consultations with the trating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent torsky graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physicia/practitioner f 5. Prescribing physicia/practitioner S.	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0303	HOS BED HEVY DUTY W WT CAP OVER 350 PDS UNDER EQ TO 600	2. Freater of the order Information generally required to support authorization decision making includes: Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem	Texas Medicaid Provider Procedures Manual		2/21/2024
				Clinical exam; Pertinent diagnostic testig results, operative and/or pathological reports; Prestinent plan and progress notes; Pertinent nand consultations with the treating practitioner; Pertinent nand consultations with the treating practitioner; Pertinent ents, graphs or photographic information, as appropriate; Pertinent ents, graphs or photographic information, as appropriate; Pertinent ents.testristics and information. CMS DME 6 Element Order 1. Beneficiany's name 2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner's National Practitioner (MPI) 6. The date of the order 7. The second provider is a provident of the order of the prescribing physician/practitioner's A signature of the prescribing physician/practitioner is provident of the inter of the prescribing physician/practitioner's A signature of the prescribing physician/practitioner's Percine the order of the order of the prescribing physician/practitioner's A signature of the prescribing physician/practitioner's Percine the order A signature of the prescribing physician/practitioner's Percine the order A test physician/practitioner's National Practitioner identifier (NPI) A test physician/practitioner's Percine the order A test physician			
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0304	HOS BED EXTRA HEAVY DUTY WT CAP OVER 600 PDS MATTRSS	Information generally required to support authorization making includes: - Ourment (up to 6 month), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem - Clinical exam; - Pertinent diagnostic testing results, operative and/or pathological reports; - Treatment plan and progress notes; - Pertinent diagnostic testing results, operative and/or pathological reports; - Treatment plan and progress notes; - Information and consultations with the treating practitioner; - Information and consultations with the treating practitioner; - Pertinent text, graphs or photographic information, as appropriate; - Rehabilitation evaluations; - Information regarding the local delivery system; and - Patient characteristics and information. CMS DME & Element Order 1. Beneficiary's name 2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner	Texas Medicaid Provider Procedures Manual		2/21/2024

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Durable Medical Equipment (DME)	7/1/2024	E0316	SFTY ENCLOS FRME/CANOPY USE W/HOSP BED ANY TYPE	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Dinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent pan and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations in biotographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME & Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner	Texas Medicaid Provider Procedures Manual		9/11/2024
				5. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 6. The date of the order			
Durable Medical Equipment (DME)	Prior to 9/1/2019		INCLUDES MATTRESS	Information generally required to support authorization decision making includes: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem - Clinical exam; - Pertinent diagnostic testing results, operative and/or pathological reports; - Pertinent charts, graphs or photographic information, as appropriate; - Pertinent charts, graphs or photographic information, as appropriate; - Rehabilitation regarding the local delivery system; and - Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner's Maine I and Practitioner is a functioner is a functioner is a functioner is a functioner's a functioner's and name/model number 5. Prescribing physician/practitioner is a functioner is a functioner is a functioner is a functioner is a functioner's is a functioner is a functioner's is a functione	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0329	HOSPITAL BED PEDIATRIC ELECTRIC	Information generating required to support autorization decision making includes: -Current (up to 6 is months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent giagnostic testing results, operative and/or pathological reports; -Pertinent psychosocial history; Information and progress notes; -Pertinent evaluations from other health care practitioner; -Pertinent evaluations from other health care practitioner; -Pertinent evaluations from other health care practitioners; -Pertinent cellulations from other health care practitioners; -Pertinent charts, graphs or photographic information, as appropriate; -Rehabilitation evaluations; Information regarding the local delivery system; and -Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the Item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner? National Practitioner Identifier (NPI) 6. The date of the order	Texas Medicaid Provider Procedures Manual		2/21/2024

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Durable Medical Equipment (DME)	Prior to 9/1/2019	E0371	NONPWR ADV PRSS RDUC OVRLAY MATTRSS STD LEN AND WDTH	Information generally required to support authorization decision making includes: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Pertinent charts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner J 5. Prescribing physician/practitioner Assisted and Physical Physician/Practitioner J 5. Prescribing physician/practitioner Share Sh	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0372	PWR AIR OVRLAY MATTRSS STD MATTRSS LENGTH AND WIDTH	In the date of the oxfer Information generally required to support authorization decision making includes: Information generally required to support authorization decision making includes: Ururent (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Pretinent psychosocial history; Pertinent psychosocial history; Pertinent psychosocial history; Pertinent evaluations from the health care practitioner; Pertinent evaluations from ther health care practitioner; Pertinent evaluations from other health care practitioner; Pertinent evaluations from othors; Pertinent evaluations from othors; Pertinent charts; graphs or photographic information, as appropriate; Pertinet tharts; graphs or photographic information, as appropriate; Information and corgers; Information addition; Information regarding the local delivery system; and Pertinet charts; for and the flow of the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number A discription of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number A discription of the item of the rescribing physician/practitioner S. Prescribing physician/practitioner S. Prescribing physician/practitioner identifier (NPI)	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS		Texas Medicaid Provider Procedures Manual		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0462	ROCKING BED WITH OR WITHOUT SIDE RAILS	Information generally required to support authorization decision making includes: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent gagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history: +Information and progress notes; +Pertinent evaluations from other health care practitioner; +Pertinent evaluations from other health care practitioner; +Pertinent tharts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quanity 4. Signature of the prescribing physician/practitioner (MPI)	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	7/1/2023	E0465	HOME VENTILATOR ANY TYPE USED W/INVASIVE INTF	Che atta of the order Control of the order order of the order of the order of the order of the order of t	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	7/1/2023	E0466	HOME VENTILATOR ANY TYPE USED W/NON-INVASV INTF		Texas Medicaid Provider Procedures Manual		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	7/1/2023	E0467	HOME VENTILATOR MULTI- FUNCTION RESPIRATORY DEVC	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical seam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history: •Information and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioner; •Pertinent characteristics and information, as appropriate; *Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner identifier (NPI)	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	7/1/2024	E0468	HOME VENT DF RESP DVC PER ADD FUNC OF COUGH STIM		Texas Medicaid Provider Procedures Manual		9/11/2024
Durable Medical Equipment (DME)	7/1/2023	E0470	RESP ASST DEVC BI-LEVL PRSS CAPABILITY W/O BACKU	 f. The date of the order information generally required to support authorization decision making includes: *Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; *History of the presenting problem Clinical exam; *Pertinent diagnostic testing results, operative and/or pathological reports; *Pertinent diagnostic testing results, operative and/or pathological reports; *Pertinent plan and progress notes; *Pertinent evaluations with the treating practitioner; *Pertinent evaluations from other health care practitioner; *Pertinent evaluations from other health care practitioner; *Pertinent evaluations; *Information regarding the local delivery system; and *Patent characteristics and information. CMS DME 6 Element Order 1. Beenficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Guantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner's National Practitioner identifier (NPI) 6. The date of the order 	Texas Medicaid Provider Procedures Manual		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	7/1/2023	E0471	RESP ASST DEVC BI-LEVL PRSS CAPABILITY W/O BACKU	Information generally required to support authorization decision making includes: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pertinent plan and progress notes; • Pertinent plan and progress notes; • Pertinent sychosocial history; • Pertinent valuations with the treating practitioner; • Pertinent valuations from other health care practitioner; • Pertinent valuations from other health care practitioner; • Pertinent charts, graphs or photographic information, as appropriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient charts and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity	Texas Medicaid Provider Procedures Manual		2/21/2024
				Signature of the prescribing physician/practitioner Prescribing physician/practitioner/s National Practitioner Identifier (NPI) The date of the order			
Durable Medical Equipment (DME)	7/1/2023		RESP ASST DEVC BI-LEVL PRSS CAPABILITY W/O BACKU	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychasorial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent transt, spaths or photographic information, as appropriate; •Rehabilitation evaluations; •Information negrading the local delivery system; and •Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. Adscription of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner's National Practitioner's National Practition	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0481	INTRAPULM PERCUSSIVE VENT SYSTEM AND REL ACSSORIES	Information generally required to support authorization decision making includes: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent pychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners; Pertinent evaluations from other health care practitioners; Pertinent transt, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. Adsecription of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner's National Practitioner's Nationa	Texas Medicaid Provider Procedures Manual		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0483	HIGH FREQUENCY CHEST WALL OSCILLATION SYSTEM EA	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent charts; graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physicia/practitioners 5. Prescribing physicia/practitioners // Sustand Practitioner Identifier (NPI)	Texas Medicaid Provider Procedures Manual		2/21/202
Durable Medical Equipment (DME)	10/1/2023	E0486	ORL DEVC/APPL RDUC UP AIRWAY COLLAPSIBILITY CSTM	6. The date of the order	Third Party Proprietary Criteria		2/21/202
				History of the presenting problem (Inical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Pertinent plan and progress notes; Pertinent charts, graphs or photographic informationer; Pertinent charts, graphs or photographic information, as appropriate; Patient charts, graphs or photographic information, as appropriate; Patient charts, graphs or photographic information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner identifier (NPI) 6. The date of the prescribing physician/practitioner identifier (NPI) 6. The date of the prescribing physician/practitioner			
Durable Medical Equipment (DME)	1/1/2024	E0492	POWER SRC and CTRL ELEC ORAL DVC NEUMUSC ELC STM TNG	Information generally required to support authorization decision making includes: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem - Clinical exam; - Pertinent diagnostic testing results, operative and/or pathological reports; - Pretratent plan and progress notes; - Pertinent diagnostic testing results, operative and/or pathological reports; - Pretratent plan and progress notes; - Pertinent provideorial information and consultations with the treating practitioner; - Pertinent provideorial information, as appropriate; - Pertinent charts, graphs or photographic information, as appropriate; - Pertinent charts, graphs or photographic information, as appropriate; - Pertinent charts; strain information. CMS DME & Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner identifier (NPI)	Third Party Proprietary Criteria		2/21/20

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	1/1/2024	E0493	ORAL DVC NM ELC STIM TONGUE MUSC PWR S and C ELC 90D	Information generally required to support authorization decision making includes: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Cinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent diagnostic testing results, operative and/or pathological reports; +Pretinent psychosocial history; +Information and progress notes; +Pertinent evaluations from other health care practitioner; +Pertinent tevaluations from other health care practitioners; +Pertinent tevaluations from other health care practitioners; +Pertinent chards; graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physicia/practitioner f 5. Prescribing physicia/practitioner's ME	Third Party Proprietary Criteria		2/21/2024
Durable Medical Equipment (DME)	4/1/2023	E0637	COMB SIT STAND FRAME/TABLE SYS SEATLIFT FEATURE	The date of the order Information generally required to support authorization decision making includes:	Texas Medicaid Provider Procedures Manual		2/21/2024
				•Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosoial history; •Information and consultations with the reating practitioner; •Pertinent evaluations from other health care practitioner; and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.			
				CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 6. The date of the order			
Durable Medical Equipment (DME)	4/1/2023	E0638	STANDING FRAME/TABLE SYS ONE POSITION ANY SZ	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent exclusions from other health care practitioners and providers; •Pertinent exclusions in thootragraphic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/21/2024
				CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 6. The date of the order			

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	7/1/2024	E0640	PATIENT LIFT FIX SYS INCLUDES ALL CMPNTS/ACCESS	Information generally required to support authorization decision making includes: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent plan and progress notes; +Pertinent park and consultations with the treating practitioner; +Pertinent exats, graphs or photographic information, as appropriate; +Rethabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheekchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner	Texas Medicaid Provider Procedures Manual		9/11/2024
				5. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 6. The date of the order			
Durable Medical Equipment (DME)	4/1/2023		POSITION ANY SZ	Information generally required to support authorization decision making includes: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem - Clinical exam; - Clinical exam; - Pertiment diagnostic testing results, operative and/or pathological reports; - Treatment plan and progress notes; - Pertiment diagnostic testing results, operative and/or pathological reports; - Pertiment plan and progress notes; - Pertiment physicological history; + Information and consultations with the treating practitioner; - Pertiment physicological history; + Pertiment charts, graphs or photographic information, as appropriate; - Pertiment charts, graphs or photographic information, as appropriate; - Pertiment charts; graphs or photographic information, as appropriate; - Pertiment charts; graphs or photographic information. CMS DME 6 Element Fold the clical delivery system; and - Pade clical services and information. CMS DME 6 Element 0 DME ordered-the description can be either a general description (e.g., wheekhair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number - Can dame/model number - Can dame/model number - Can dame/model number - Can description of the item of DME ordered-the description (e.g., wheekhair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number - Can description of the item of the prescribing physicial/practitioner - S Prescribing physicial/practitioner's National Practitioner [MIS MIS MIS MIS MIS MIS MIS MIS MIS MIS	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable medical equipment (Divie)	4/1/2023	20042	MOBILE DYNAMIC ANY SZ		rexas medicalu Provider Procedures Manuar		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	10/1/2019	E0652	PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL WITH CALIBRATED GRADIENT PRESSURE	Information generally required to support authorization decision making includes: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pretinent gian and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners; • Pertinent evaluations from other health care practitioners; • Pertinent thats, graphs or photographic information, as appropriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physici/apractitioner Identifier (NPI)	Third Party Proprietary Criteria		2/21/2024
Durable Medical Equipment (DME)	10/1/2020	E0656	SEG PNEUMAT APPLIANCE USE W PNEUMAT COMPRS TRUNK	6. The date of the order 1. The date of the order 2. A description of the irem of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 4. Signature of the prescribing physician/practitioner 5.	Third Party Proprietary Criteria		2/21/2024
Durable Medical Equipment (DME)	10/1/2020	E0667	SEG PNEUMAT APPLINC W PNEUMAT COMPRS FULL LEG	Information generally required to support authorization decision making includes: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent paychosocial history; •Pertinent poychosocial history; •Pertinent explusations with the treating practitioner; •Pertinent explusations from other health care practitioner; •Pertinent explusations in hotographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 6. The date of the order	Third Party Proprietary Criteria		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	10/1/2020	E0668	SEG PNEUMAT APPLINC W PNEUMAT COMPRS FULL ARM	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pain and progress notes; •Pertinent pain and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent tevaluations from other health care practitioners; •Pertinent tevaluations from other health care practitioners; •Pertinent carlast; graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner	Third Party Proprietary Criteria		2/21/2024
				5. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 6. The date of the order			
Durable Medical Equipment (DME)	10/1/2020		SEGMENTAL GRADENT PRESS PNEUMAT APPLINC FULL LEG PNEUMAT COMPRS DEVC HI PRSS	Information generally required to support authorization decision making includes: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Pertent diagnostic testing results, operative and/or pathological reports; Pertinent diagnostic testing results, operative and/or pathological reports; Pertinent synchosoidal history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient charts, graphs or photographic information. CMS DME 6 Element Order I. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescription generally required to support authorization decision making includes: Information generally required to support authorization decision making includes:	Third Party Proprietary Criteria		2/21/2024
	10/1/2020	20075	RAPID INFLATION DEFL	Information gene any requires us support adultation decision making includes: Current (up to 6 months) adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Pertinent diagnostic testing results, operative and/or pathological reports; Pertinent diagnostic testing results, operative and/or pathological reports; Pertinent pain and progress notes; Pertinent psychosocial history; History of the treating practitioner; Pertinent evaluations from other health care practitioner; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information. CMS DMG & Element Order Beneficiary's name A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number Guantity Signature of the prescribing physician/practitioner identifier (NPI) Free state of the prescribing physician/practitioner identifier (NPI) The date of the nere.	nino Party Proprietary Criteffa		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	10/1/2020	E0676	DEVICE NOS	Information generally required to support authorization decision making includes: *Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem *Clinical exam; *Pertinent diagnostic testing results, operative and/or pathological reports; *Pertinent psychosocial history; *Pertinent psychosocial history; *Pertinent consultations with the treating practitioner; *Pertinent charts, graphs or photographic information, as appropriate; *Rehabilitation evaluations; *Information are valuations; *Information regarding the local delivery system; and *Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physicial/practitioner 5. Prescribing physicial/practitioner's National Practitioner Identifier (NPI)	Third Party Proprietary Criteria		2/21/2024
Durable Medical Equipment (DME)	7/1/2023	E0677	compression garment, trunk	 6. The date of the order 6. The date of the order 1. The other of the order 1. Signatry of the prescribing physician/practitioner 1. Signatry of the prescribing physician/practitioner 2. A description of the inter of DAE order of the order 3. Quantry 4. Signature of the prescribing physician/practitioner 3. Data the order 3. Signature of the order 4. Signature of the order 5. Prescribing physician/practitioner's National Practitioner identifier (NPI) 5. The date of the order 	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0691	TX 2 SQ FT LESS	Information generally required to support authorization decision making includes: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem - Clinical exam; + Pertinent diagnostic testing results, operative and/or pathological reports; - Treatment plan and progress notes; - Information and consultations with the treating practitioner; - Information and consultations with the treating practitioner; - Pertinent evaluations from other health care practitioners and providers; - Pertinent evaluations from other health care practitioners and providers; - Pertinent evaluations from other health care practitioners and providers; - Rehabilization evaluations; - Information evaluations; - Information evaluations; - Information evaluations; - Information evaluations; - Not B C Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. - Prescripting physician/practitioner identifier (NPI) 6. The date of the order	Molina Clinical Policy: Phototherapy and Laser Therapy for Dermatological Conditions		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annua Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0692	UV LT TX SYS PANL W BULB LAMP TIMER 4 FT PANEL	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +Ilistory of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent gagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations on ther health care practitioner; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioner; •Pertinent characteristics and information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quanity 4. Signature of the prescribing physician/practitioner [5. Prescribing physician/practitioner is plane in [7. Prescribing physician/practitioner is [7. Prescribing physician/practitioner is plane in [7. Pre	Molina Clinical Policy: Phototherapy and Laser Therapy for Dermatological Conditions	2/21/20
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0693	UV LT TX SYS PANL W BULBS LAMPS TIMER 6 FT PANEL	 Prescripting physician/practitioner's National Practitioner identifier (NPI) The date of the order Information generally required to support authorization decision making includes: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; 	Molina Clinical Policy: Phototherapy and Laser Therapy for Dermatological Conditions	2/21/2
						2011
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0694	UV MX DIR LT TX SYS 6 FT CABINET W BULB LAMP TMR	Information generally required to support authorization decision making includes: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent diagnostic testing results, operative and/or pathological reports; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioner; • Pertinent evaluations in formation, as appropriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner	Molina Clinical Policy: Phototherapy and Laser Therapy for Dermatological Conditions	2/21/2

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0747	OSTOGNS STIM ELEC NONINVASV OTH THAN SP APPLIC	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Inicial exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent exaluations from other health care practitioners and providers; •Pertinent exaluations from other health care practitioners and providers; •Pertinent exaluations from other health care practitioner and providers; •Pertinent exaluations from other health care practitioner and providers; •Pertinent exaluations examined information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 4. Signature of the prescribing physican/practitioner • Reneticiary is a physican/practitioner	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0748	OSTOGNS STIMULATOR ELEC	S. Prescribing physician/practitioner's National Practitioner Identifier (NPI) <u>6. The date of the order</u> Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	Texas Medicaid Provider Procedures Manual		2/21/2024
				History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent pythosocial history; Information and consultations with the treating practitioner; Pertinent charts, graphs or photographic information, as and providers; Pertinent charts, graphs or photographic information, as appropriate; Patient chartscristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantify 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 6. The date of the order			
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0749	OSTEOGENESIS STIMULATOR ELEC SURGICALLY IMPL		Texas Medicaid Provider Procedures Manual		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0760	OSTOGNS STIM LOW INTENS ULTRASOUND NON-INVASV	Information generally required to support authorization decision making includes: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pretinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent evaluations from other health care practitioners and providers; -Pertinent revaluations from other health care practitioners; -Pertinent charts, graphs or photographic information, as appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physicia/practitioner J 5. Prescribing physicia/practitioner's ME	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0762	TRANSCUT ELEC JOINT STIM DEVC SYS INCLALL ACCSS		Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0764	FUNC NEUROMUSC STIM MUSC AMBUL CMPT CNTRL SC INJ		Texas Medicaid Provider Procedures Manual		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0766	ELEC STIM DVC U CANCER TX INCL ALL ACC ANY TYPE	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent paychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physicia/practitioner S. • Prescribing physicia/practitioner's National Practitioner Heatting (MP)	Third Party Proprietary Criteria		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0782	INFUSION PUMP IMPLANTABLE NON-PROGRAMMABLE	6. The date of the order information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pain and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent audiatons from other health care practitioners and providers;	Texas Medicaid Provider Procedures Manual		2/21/2024
				Pertiment charts, graphs or photographic information, as appropriate; Perkabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/prescribing physician/practitioner 5. Prescribing physician/practition			
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0783	INFUSION PUMP SYSTEM IMPLANTABLE PROGRAMMABLE	The date of the order Information generally required to support authorization decision making includes: Uurrent (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; Ilistory of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent exits, graphs or photographic information, as appropriate; Pertinent exits, graphs or photographic information, as appropriate; Pertinent characteristics and information. Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/21/2024
				CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 6. The date of the order			

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0784	EXTERNAL AMBULATORY INFUSION PUMP INSULIN	Information generally required to support authorization decision making includes: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent plan and progress notes; +Pertinent plan and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioner; +Pertinent evaluations in the totographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Senature of the prescription ghysician/practitioner;	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0785	IMPLANTABLE INTRASPINL CATHETER USED W PUMP-REPL	S. Prescribing physician/practitioner's National Practitioner Identifier (NPI) <u>Note thate of the order</u> Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	Molina Clinical Policy:Implanted Intrathecal Pain Pump		2/21/2024
				History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent velocoscial history; Information and consultations with the treating practitioner; •Pertinent tharts, graphs or photographic information, as appropriate; •Pertinent evaluations from other health care practitioners and providers; •Pertinent regarding the local delivery system; and •Pertinent charts, graphs or photographic information. CMS DME 6 Element Order 1. Beenfciary's name 2. A description of the item of DME orderedthe description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner / National Practitioner identifier (NPI) 6. The date of the prescribing physician/practitioner / S. Prescribing physician/practitioner / S. Detender of the ender.			
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0786	IMPLANTABLE PROGRAMMABLE INFUSION PUMP REPL	Information generally required to support authorization decision making includes: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem + Clinical exam; + Pertinent diagnostic testing results, operative and/or pathological reports; + Treatment plan and progress notes; + Pertinent plyshosoical history; + Information and consultations with the treating practitioner; + Pertinent plyshosoical history; + Pertinent charts, graphs or photographic information, as appropriate; + Pertinent explauditons from other healt: care practitioners and providers; + Pertinent explaints for bhotographic information, as appropriate; + Pertinent explaints for bhotographic information. + Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiany's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5 5. Prescribing physician/practitioner's [Method Prescription [Complete]]	Texas Medicaid Provider Procedures Manual		2/21/202

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	4/1/2020	E0787	EXTERNAL AMB INFUS PUMP INSULIN DOS RATE ADJ	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent plan and progress notes; •Pertinent notars, graphs or photographic information, as appropriate; •Pertinent notars, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the time of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Cuantity 4. Signature of the prescribing physician/practitioner	Third Party Proprietary Criteria		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0983	MNL WC ACSS PWR ADD-ON	S. Prescribing physician/practitioner's National Practitioner Identifier (NPI) G. The date of the norder Information generally required to support authorization decision making includes:	Texas Medicaid Provider Procedures Manual		2/21/2024
			CONVRT MNL WC MOTRIZD WC	 Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Pertinent plan and progress notes; Pertinent not act supations with the treating practitioner; Pertinent darks; graphs or photographic information, as appropriate; Pertinent characteristics and information. CMS DME 6 Element Order Beneficiary's name A description of the tem of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number Guantity Signature of the prescribing physician/practitioner Perscribing physician/practitioner Sharing Practitioner in the number of the prescribing physician/practitioner identifier (NPI) The date of the prescribing physician/practitioner is p			
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0984	MNL WC ACSS PWR ADD-ON CONVRT MNL WC MOTRIZD WC	Information generally required to support authorization decision making includes: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem - Clinical earn; - Pertinent diagnostic testing results, operative and/or pathological reports; - Pretrament plan and progress notes; - Pertinent paychoscical history; - Information and consultations with the treating practitioner; - Pertinent evaluations from other health care practitioners and providers; - Pertinent tarks; graphs or photographic information, as appropriate; - Rehabilitation evaluations; - Information regarding the local delivery system; and - Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner's National Practitioner (NPI) 5. The dother of the prescribing physician/practitioner's National Practitioner (NPI) 5. The dother of the prescribing physician/practitioner's National Practitioner description (e.g., wheel the other of the prescribing physician/practitioner's National Practitioner (NPI) 5. The dother of the prescribing physician/practitioner's National Practitioner (e.g., The dother of the prescribing physician/practitioner's National Practitioner's National Practitioner's Material Physician/Practitioner's National Practitioner's National Prac	Texas Medicaid Provider Procedures Manual		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0986	MINL WHEELCHAIR ACSS PUSH-RIM ACT PWR ASSIST SYS	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Dinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pain and progress notes; •Pertinent paychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations (Information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the time of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantify 4. Signature of the prescribing physician/practitioner	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0988	MANUAL WC ACCESSORY LEVR- ACTIVATD WHL DRIVE PAIR	S. Prescribing physician/practitioner's National Practitioner Identifier (NPI) <u>F. The date of the order</u> Information generally required to support authorization decision making includes: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	Texas Medicaid Provider Procedures Manual		2/21/2024
				History of the presenting problem (
Durable Medical Equipment (DME)	Prior to 9/1/2019	E1002	WHEELCHAIR ACCESS POWER SEATING SYSTEM TILT ONLY	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +listory of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent paychosocial history; •Pertinent paychosocial history; •Pertinent exoluations from other health care practitioner; •Pertinent exoluations from other health care practitioners and providers; •Pertinent exoluations from other health care practitioners and providers; •Pertinent exolusations from other health care practitioners and providers; •Pertinent exolusations from other health care practitioners and providers; •Pertinent exolusations in the total cale livery system; and •Patient characteristics and information. CMS DME & Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner	Texas Medicaid Provider Procedures Manual		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	E1003	WC ACSS PWR SEAT SYS RECLINE W O SHEAR RDUC	Information generally required to support authorization decision making includes: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners; +Pertinent revaluations from other health care practitioners; +Pertinent charts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner [5. Prescribing physician/practitioner]	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	E1004	WC ACSS PWR SEAT SYS RECLINE W MECH SHEAR RDUC	Treated for the order Information generally required to support authorization decision making includes: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem	Texas Medicaid Provider Procedures Manual		2/21/2024
				 Clinical exam; Pertiment diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertiment psychosocial history; •Pertiment exclusions with the treating practitioner; •Pertiment exclusions from other health care practitioners and providers; •Pertiment exclusions from other health care practitioner; appropriate; •Rehabilitation evaluations; •Information evaluation; •Information evaluation; •Information evaluation; •Information evaluation; •Information of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed); a HCPCS code, a HCPCS code narrative, or a brand name/model number •Informati			
Durable Medical Equipment (DME)	Prior to 9/1/2019	E1005	WC ACSS PWR SEAT SYS RECLINE W PWR SHEAR RDUC	Information generally required to support authorization decision making includes: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Information and consultations with the treating practitioner; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations: • Information evaluations; • Information evaluat	Texas Medicaid Provider Procedures Manual		2/21/2024
				Quantity Separature of the prescribing physician/practitioner Prescribing physician/practitioner's National Practitioner Identifier (NPI) The date of the order			

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	E1006	WC ACSS PWR SEAT SYS TILT AND RECLINE NO SHEAR RDUC	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretrinent plan and progress notes; •Pertinent paychosocial history; •Information and consultations with the treating practitioner; •Pertinent chards, graphs or photographic information, as appropriate; •Pertinent chards, graphs or photographic information, as appropriate; •Pertinent characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the tem of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	E1007	WC ACSS PWR SEAT TILT AND RECLINE MECH SHEAR RDUC	S. Prescribing physician/practitioner's National Practitioner Identifier (NPI) <u>F. The date of the order</u> Information generally required to support authorization decision making includes: <u>-</u> Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	Texas Medicaid Provider Procedures Manual		2/21/2024
				History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Pertinent plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent psychosocial history; Pertinent charts, graphs or photographic information, as appropriate; Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner / Shational Practitioner identifier (NPI) 6. The date of the order			
Durable Medical Equipment (DME)	Prior to 9/1/2019	E1008	WC ACSS PWR SEAT TILT AND RECLINE W PWR SHEAR RDUC	Information generally required to support authorization decision making includes: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem - Clinical earn; - Pertinent diagnostic testing results, operative and/or pathological reports; - Preatment plan and progress notes; - Pertinent psychosocial history; - Information and consultations with the treating practitioner; - Pertinent evaluations from ther health care practitioners and providers; - Pertinent charts, graphs or photographic information, as appropriate; - Pertinent charts, graphs or photographic information, as appropriate; - Rehabilitation revaluations; - Information regarding the local delivery system; and - Patient characteristics and information. CMS DME 6 Element Order - Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner' Mational Practitioner Identifier (NPI)	Texas Medicaid Provider Procedures Manual		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	E1010	LEG ELEV SYS PAIR	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical seam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history: •Information and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioner; •Pertinent characteristics and information, as appropriate; *Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner identifier (NPI)	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	E1012	PWR ELEV LEG EA	F. The date of the order Information generally required to support authorization decision making includes: *Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; *History of the presenting problem *Clinical acam; *Pertinent diagnostic testing results, operative and/or pathological reports; *Treatment plan and progress notes; *Pertinent psychosocial history; *Information and consultations with the treating practitioner; *Pertinent charts, graphs or photographic information, as appropriate; *Rehabilitation evaluations; *Information regarding the local delivery system; and *Patient charts, craft with or dDME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner 6. The date of the order	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	E1030		Information generally required to support authorization decision making includes: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertiment cliancostic testing results, operative and/or pathological reports; +Pertiment diagnostic testing results, operative and/or pathological reports; +Pertiment path and progress notes; +Pertiment psychoscial history; +Pertiment exams, signabs or photographic information, as appropriate; +Pertiment that, signabs or photographic information, as appropriate; +Rethabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner's National Practitioner Identifier (NPI) 6. The date of the order	Texas Medicaid Provider Procedures Manual		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	E1161	MANUAL ADULT SIZE WHEELCHAIR INCLUDES TILT SPACE	Information generally required to support authorization decision making includes: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent paychosocial history; +Information and consultations with the treating practitioner; +Pertinent extrasts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information evalua	Texas Medicaid Provider Procedures Manual		2/21/202
Durable Medical Equipment (DME)	7/1/2024	E1229	SPECIAL BACK HEIGHT FOR WHEELCHAIR	5. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 6. The date of the order Information generally required to support authorization decision making includes:	Texas Medicaid Provider Procedures Manual		9/11/20
Durable Medical Equipment (DME)	Prior to 9/1/2019	E1230	PWR OPERATED VEH SPEC BRAND NAME AND MODEL NUMBER	Information generally required to support authorization decision making includes: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem • Clinical exam; • Pertiment diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Information and consultations with the treating practitioner; • Information and consultations with the treating practitioner; • Pertiment evaluations from other health care practitioners and providers; • Pertiment evaluations from other health care practitioners; and providers; • Pertiment evaluations from other health care practitioners and providers; • Pertiment evaluations in the total generation, as appropriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner	Texas Medicaid Provider Procedures Manual		2/21/20

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	E1232	WC PED SZ TILT-IN-SPACE FOLD ADJUSTBL W SEAT SYS	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical seam; •Pertiment diagnostic testing results, operative and/or pathological reports; •Pertiment plan and progress notes; •Pertiment plan and progress notes; •Pertiment evaluations from other health care practitioner; •Pertiment evaluations regarding the local delivery system; and •Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner / Shational Practitioner Identifier (NPI)	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	E1233	WC PED SZ TILT-IN-SPACE RIGD ADJUSTBL W O SEAT	The date of the order Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertiment diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes;	Texas Medicaid Provider Procedures Manual		2/21/2024
				Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Pertinent charts, graphs or photographic information, as			
				CMS DWE 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 6. The date of the order			
Durable Medical Equipment (DME)	Prior to 9/1/2019	E1234	WC PED SZ TILT-IN-SPACE FOLD ADJUSTBL W O SEAT	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent typications with the treating practitioner; •Information and consultations with the treating practitioner; •Pertinent tealuations from other health care practitioners; •Pertinent tealuations from other pathic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/21/2024
				 Patient characteristics and information. CMS DME 6 Element Order Beneficiary's name A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number Quantity Signature of the prescribing physician/practitioner Prescribing physician/practitioner is National Practitioner Identifier (NPI) The date of the order of the order 			

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	E1235	W SEATING SYSTEM	Information generally required to support authorization decision making includes: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +listory of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent paychosocial history; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioner; -Pertinent evaluations from other health care practitioner; -Pertinent characteristics and information, as appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner [(NPI)	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	E1236	WHLCHAIR PED SIZE FOLD ADJUSTBL W SEATING SYSTEM	5. Prescioning physicality practiculies is reactioner reactioner (nerr) 6. The date of the order information generally required to support authorization decision making includes:	Texas Medicaid Provider Procedures Manual		2/21/202
Durable Medical Equipment (DME)	Prior to 9/1/2019	E1237	W O SEATING SYSTEM	Information generally required to support authorization decision making includes: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem + Clinical seam; + Pertinent diagnostic testing results, operative and/or pathological reports; + Treatment plan and progress notes; + Treatment plan and progress notes; + Treatment plan and progress notes; + Pertinent psychosocial history; + Information and consultations with the treating practitioner; + Pertinent evaluations from other health care practitioners; + Pertinent evaluations from other health care practitioners; + Pertinent evaluations from other health care practitioners; + Pertinent evaluations to photographic information, as appropriate; + Rehabilitation evaluations; + Information regarding the local delivery system; and + Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity	Texas Medicaid Provider Procedures Manual		2/21/20

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized		Date of Annua Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	E1238	WHLCHAIR PED SZ FOLD ADJUSTBL W O SEATING SYSTEM	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent plan and consultations with the treating practitioner; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Sgnature of the prescribing physician/practitioner	Texas Medicaid Provider Procedures Manual		2/21/2
Durable Medical Equipment (DME)	Prior to 9/1/2019	E1310	WHIRLPOOL NONPORTABLE	S. Prescribing physician/practitioner's National Practitioner Identifier (NPI) G. The date of the order Information generally required to support authorization decision making includes:	Texas Medicaid Provider Procedures Manual		2/21/2
				 -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent plan and progress notes; +Pertinent path and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioner; +Pertinent evaluations from other health care practitioner; +Pertinent charts, graphs or photographic information, as appropriate; +Retinent characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner / Stationar Practitioner identifier (NPI) 6. The date of the nerder 			
Durable Medical Equipment (DME)	1/1/2023	E2102	ADJUNCTIVE NONIMPLANTED CGM/RECEIVER	Information generally required to support authorization decision making includes: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; - History of the presenting problem - Clinical exam; - Pertinent talganostic testing results, operative and/or pathological reports; - Treatment plan and progress notes; - Pretinent pychosocial history; - Information and consultations with the treating practitioner; - Pertinent plan and progress notes; - Pertinent plan and progress notes; - Pertinent plan and consultations with the treating practitioner; - Pertinent plan the health care practitioners and providers; - Pertinent explanations for practitioners and providers; - Pertinent explanations; - Information arealizations; - Information evaluations; - Information and consultations; - Information, as appropriate; - Relating for a service and information. CMS DME 6 Element Order 1. Beneficiany's name 2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physicia/practitioner 5. Prescribing physicia/practitioner's ME	Texas Medicaid Provider Procedures Manual	This code is reviewed by Pharmacy. Please fax any requests for this item to pharmacy for review.	2/21/2

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	1/1/2023	E2103	NONADJUNCTIVE NONIMPLANTED CGM/RECEIVER	Information generally required to support authorization decision making includes: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners; +Pertinent evaluations from other health care practitioners; +Pertinent chards; graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner J	Texas Medicaid Provider Procedures Manual	This code is reviewed by Pharmacy. Please fax any requests for this item to pharmacy for review.	2/21/202
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2295	MNL WC ACCESS PED SIZE WC DYNAMIC SEATING FRAME	5. Pressrong physician/practiculer is watoman relationer identiner (nPr) 6. The date of the order information generally required to support authorization decision making includes:	Texas Medicaid Provider Procedures Manual		2/21/202
	24 (22)	5000		History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Pertinent plan and progress notes; Pertinent pychosocial history; Information and consultations with the treating practitioner; Pertinent exploadions in the relative area practitioner; Pertinent exploadions in the relative area practitioner; Pertinent exploadions; Pertinent exploadions; Information evaluations; Information evaluations; Pertinent exploadions; Information evaluations; Pertinent exploadions; Pertinent exploadions; Information evaluations; Pertinent exploadions; Pertinent exploadion; Pertinent expl			044/00
Durable Medical Equipment (DME)	7/1/2024	E2298	COMPLEX REHAB PWR WC ACC PWF SEAT EL SYS ANY TYP	Information generally required to support authorization decision making includes: - - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + +History of the presenting problem - - Clinical exam; - - Pertinent Idagnostic testing results, operative and/or pathological reports; - - Treatment plan and progress notes; - - Pertinent psychosocial history; - - Information and consultations with the treating practitioner; - - Pertinent psychosocial history related in on a paperprint; - - Pertinent explorations; - - Information avalizations; - - Informat	Texas Medicaid Provider Procedures Manual		9/11/20:

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	4/1/2023	E2301	WHEELCHAIR ACCESSORY POWER STANDING SYS ANY TYPE	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent dispositic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent dispositic testing results, operative and/or pathological reports; •Treatment plan and consultations with the treating practitioner; •Pertinent explanations from other health care practitioners; •Pertinent exist, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information evaluations; •Informat	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2310	PWR WC ACSS ELEC CNCT BETWN WC CNTRLLER AND ONE PWR	S. Prescribing physician/practitioner's National Practitioner Identifier (NPI) <u>6. The date of the order</u> Information generally required to support authorization decision making includes: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2211		History of the presenting problem - Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent pychosocial history; • Information and consultations with the treating practitioner; • Pertinent psychosocial history; • Pertinent explosition for the health care practitioners; • Pertinent charts; graphs or photographic information, as appropriate; • Rehabilitation from outling the local delivery system; and • Pertinent charts; graphs or photographic information. CMS DME 6 Element Order 1. Beneficinary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physical/practitioner's Signature of the prescribing physical/practitioner's Mational Practitioner identifier (NPI) 6. The date of the order Information generally required to support authorization decision making includes:	Taxar Medicaid Provider Procedurer Manual		2/31/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2311	PWR WC ACSS ELEC CNCT BETWN WC CNTRLLER AND TWO MORE	Information generally required to support authorization decision making includes: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem - Clinical exam; - Pertinent diagnostic testing results, operative and/or pathological reports; - Pretratment plan and progress notes; - Pertinent psychosocial history; - Information and consultations with the treating practitioner; - Pertinent evaluations from other health care practitioners and providers; - Pertinent evaluations from other health care practitioners and providers; - Pertinent evaluations from other health care approximate; - Rehabilitation evaluations; - Information evaluations; - Information regarding the local delivery system; and - Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner identifier (NPI) 6. The date of the order	Texas Medicaid Provider Procedures Manual		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019		POWER WC ACCESS HAND OR CHIN CONTROL INTERFACE	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history: •Information and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent characteristics and information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 6 Element Order 1. Berneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity	Texas Medicaid Provider Procedures Manual		2/21/20
				4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner/s National Practitioner Identifier (NPI) 6. The date of the order			
Durable Medical Equipment (DME)	Prior to 9/1/2019		POWER WC ACCESS HARNESS UPGRADE EXP CONTROLLR EA	Information generally required to support authorization decision making includes: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem • Clinical exam; • Pertiment diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Information and consultations with the treating practitioner; • Pertiment explosedial history organitic information, as appropriate; • Pertiment explosing and the reading practitioner; • Pertiment explosing and the local delivery system; and • Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner's National Practitioner identifier (NPI) 6. The date of the order	Texas Medicaid Provider Procedures Manual		2/21/20
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2321	PWR WC ACSS HND CNTRL REMOT JOYSTCK NO PRPRTNL	Information generally required to support authorization decision making includes: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent plan and progress notes; • Pertinent plan and progress notes; • Pertinent plan and consultations with the treating practitioner; • Pertinent planuations from other health: care practitioner and providers; • Pertinent plan and consultations with the treating practitioner; • Pertinent explaudions from other health: care practitioner and providers; • Pertinent explaudions from other health: care practitioner and providers; • Pertinent explaudions from other health: care practitioner and providers; • Pertinent explaints and information, as appropriate; • Pertinent explaints and information. CMS DME 6 Element Order 1. Beneficiany's name 2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 4. Guantity 4. Signature of the prescribing physical/practitioner 5 • Prescribing physical/practitioner's National Practitioner for theit flert (Put)	Texas Medicaid Provider Procedures Manual		2/21/20

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2322	PWR WC ACSS HND CNTRL MX MECH SWTCH NO PRPRTNL	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2325	PWR WC ACSS SIP AND PUFF INTERFCE NONPROPRTNAL	The data of the order Information generally required to support authorization decision making includes: Information generally required to support authorization decision making includes: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; -History of the presenting problem	Texas Medicaid Provider Procedures Manual		2/21/2024
				 Clinical exam; Pertiment diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertiment psychosocial history; Informations with the treating practitioner; Pertiment transf, sgraps or photographic information, as appropriate; Pertiment chards, graphs or photographic information, as appropriate; Pertiment transf, sgraps or photographic information, as appropriate; Pethentient chards, graphs or photographic information, and Pathot chards, graphs, and Pathot chard			
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2327	PWR WC ACSS HEAD CNTRL INTERFCE MECH PROPRTNAL	Information generally required to support authorization decision making includes: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem - Clinical exam; - Pertinent diagnostic testing results, operative and/or pathological reports; - Treatment plan and progress notes; - Pertinent psychosocial history; - Information and consultations with the treating practitioner; - Information evaluations; for other health care practitioners and providers; - Pertinent evaluations from other health care practitioners and providers; - Pertinent evaluations from other health care practitioners and providers; - Pertinent charts, graphs or photographic information, as appropriate; - Pertinent charts, graphs or photographic information, as appropriate; - Nethabilitation evaluations; - Information regarding the local delivery system; and - Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescripting physician/practitioner / Sutional Practitioner Identifier (NPI)	Texas Medicaid Provider Procedures Manual		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2328	PWR WC ACSS HEAD CNTRL EXT CNTRL ELEC PRPRTNL	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent gian and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent chards; graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physicia/practitioner S. • Prescribing physicia/practitioner S.	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2329	PWR WC ACSS HEAD CNTRL CNTC SWTCH MECH NOPRPRTNL	6. The date of the order information generally required to support authorization decision making includes: •Ourrent (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent generally required to subport authorization experiment of the presenting problem Pertinent evaluations from other health care practitioner; +Pertinent chars, graphs or photographic information, as appropriate; +Pertinent chars, graphs or photographic information, as appropriate; +Pertinent charsteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner [5. Prescribing physician/practitioner]	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2330	PWR WC ACCSS HEAD PROX SWITC MECH NONPRPRTNL	 6. The date of the order [Information generally required to support authorization decision making includes: (Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +listory of the presenting problem (Inicial exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioner; •Pertinent charts: graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 6 Element Order 2. A description of the time of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Trestribing physician/practitioner / Sutional Practitioner (MPI) 6. The date of the order 	Texas Medicaid Provider Procedures Manual		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2340	POWER WC ACCESS NONSTAND SEAT FRAME WD 20-23 IN	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent and progress notes; •Pertinent evaluations with the treating practitioner; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioner; •Pertinent characteristics and information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner identifier (NPI)	Texas Medicaid Provider Procedures Manual		2/21/202
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2341	PWR WC ACSS NONSTD SEAT FRME WIDTH 24-27 IN		Texas Medicaid Provider Procedures Manual		2/21/202
				 Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Pertinent diagnostic testing results, operative and/or pathological reports; Pertinent plan and progress notes; Pertinent and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent stars, graphs or photographic information, as appropriate; Pertinent characteristics and information. CMS DME 6 Element Order Beenficiary's name A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number Guntity Signature of the prescribing physician/practitioner's National Practitioner Identifier (NPI) The date of the order 			
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2342	PWR WC ACSS NONSTD SEAT FRME DEPTH 20 21 IN	Information generally required to support authorization decision making includes: <	Texas Medicaid Provider Procedures Manual		2/21/20
				A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number S. Quantity Signature of the prescribing physician/practitioner S. Prescribing physician/practitioner's National Practitioner Identifier (NPI) The date of the order			

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019		DEPTH 22-25 IN	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chalsions from other health care practitioner; •Pertinent chals, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information negarding the local delivery system; and •Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity	Texas Medicaid Provider Procedures Manual		2/21/20:
				Signature of the prescribing physician/practitioner Service of the prescribing physician/practitioner identifier (NPI) The date of the order			
Durable Medical Equipment (DME)	Prior to 9/1/2019			Information generally required to support authorization decision making includes: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem + Clinical exam; - Pertinent diagnostic testing results, operative and/or pathological reports; + Treatment plan and progress notes; + Treatment plan and progress notes; + Pertinent explosional history; + Information and consultations with the treating practitioner; + Pertinent explosional history grant in formation, as appropriate; + Pertinent explosing history information, as appropriate; + Rehabilitation evaluations; + Information and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 6. The date of the order	Texas Medicaid Provider Procedures Manual		2/21/20
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2369	GEAR BOX REPL ONLY	Information generally required to support authorization decision making includes: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent plan and progress notes; • Pertinent plan and progress notes; • Pertinent plan and consultations with the treating practitioner; • Pertinent planuations from other health: care practitioner and providers; • Pertinent plan and consultations with the treating practitioner; • Pertinent explaudions from other health: care practitioner and providers; • Pertinent explaudions from other health: care practitioner and providers; • Pertinent explaudions from other health: care practitioner and providers; • Pertinent explaints and information, as appropriate; • Pertinent explaints and information. CMS DME 6 Element Order 1. Beneficiany's name 2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 4. Guantity 4. Signature of the prescribing physical/practitioner 5 • Prescribing physical/practitioner's National Practitioner for theit flert (Put)	Texas Medicaid Provider Procedures Manual		2/21/20

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2370	PWR WC COMP INT DR WHL MTR AND GR BOX COMB REPL ONLY	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent charts; graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physicia/practitioner 5. Prescribing physicia/practitioner S	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2373	PWR WC MINI-PROPORTIONAL COMPACT REMOTE JOYSTICK	G. The date of the order G. The date of the order Gerrally required to support authorization decision making includes: Gurrent (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Pretinent diagnostic testing results, operative and/or pathological reports; Pretinent of an and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent exits, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information. CMS DME 6 Element Order Reneficiary's name Acscription of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number Augurity A signature of the prescribing physician/practitioner Percinent chain/practitioner's Autional Practitioner (NPI) The date of the prescribing physician/practitioner	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2375	PWR WC NONEXPNDABLE CONTROLLER REPLACEMENT ONLY	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent tops/chosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioner; •Pertinent tests, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information evaluations; •Information evaluations; •Information evaluations; •Information evaluations; •Information evaluations; •Information evaluations; •Information information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 6. The date of the order	Texas Medicaid Provider Procedures Manual		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019		REPLACEMENT ONLY	Information generally required to support authorization decision making includes: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • Liftsory of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pertinent payshoscial history; • Pertinent payshoscial history; • Pertinent exaluations from other health care practitioner; • Pertinent evaluations from other health care practitioner; • Pertinent evaluations; • Pertinent evaluations; • Pertinent evaluations; • Information regarding the local delivery system; and • Pertinent chars, graphs or photographic information, as appropriate; • Rehabilitation regarding the local delivery system; and • Patient Characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 4. Signature of the previous of the item of DME ordered—the description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 4. Signature of the previous opticed by the interviewed description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, 1. Quantity 4. Signature of the previous opticed by the interviewed description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, 1. Beneficiary's name 2. Quantity 4. Signature of the previous opticed by the interviewed description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, 1. Quantity 4. Signature of the previous opticed by the interviewed description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, 1. Quantity 1. Sender (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, 1. Quantity 1. Sender (e.g., wheelchair o	Texas Medicaid Provider Procedures Manual		2/21/202
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2377		5. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 6. The date of the order Information generally required to support authorization decision making includes: - current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; - current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; - current (up to 5 months), adequate patient history related to the requested services such as: office and hospital records; - current (up to 5 months), adequate patient history related to the requested services such as: office and hospital records; - current (up to 5 months), adequate patient history related to the requested services such as: office and hospital records; - current (up to 5 months), adequate patient history related to the requested services such as: office and hospital records; - current (up to 5 months), adequate patient history related to the requested services such as: office and hospital records; - current (up to 5 months), adequate patient history related to the requested services such as: office and hospital records; - current (up to 5 months), adequate patient history related to the requested services such as: office and hospital records; - current (up to 5 months), adequate patient history related to the requested services such as: office and hospital records; - current (up to 5 months), adequate patient history related to the requested services such as: office and hospital records; - current (up to 5 months), adequate patient history related to the requested services such as: office and hospital records; - current (up to 5 months), adequate patient history related to the requested services such as: office and hospital records; - current (up to 5 months), adequate patient history related to the requested services such as: office and hospital records; - current (up to 5 months), adequate patient history related to the requested services such as: office and hos	Texas Medicaid Provider Procedures Manual		2/21/202
				History of the presenting problem Linkical carry: Pertinent diagnostic testing results, operative and/or pathological reports; Pertinent glian and progress notes; Pertinent plian and progress notes; Pertinent spliand consultations with the treating practitioner; Pertinent spliand to consultations with the treating practitioner; Pertinent charts, graphs or photographic information, as appropriate; Pertinent spliand consultations; Information regarding the local delivery system; and Patient charts, tersting reading the local delivery system; and Patient charts for an other term of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 2. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner identifier (NPI) 6. The date of the date			
Durable Medical Equipment (DME)	4/1/2020	E2398	POS HARDWARE BACK	Information generally required to support authorization decision making includes: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem - Clinical exam; - Pertinent glack testing results, operative and/or pathological reports; - Treatment plan and progress notes; - Information and consultations with the treating practitioner; - Pertinent evaluations from other health care practitioners; - Pertinent care, graphs or photographic information, as appropriate; - Rehabilitation evaluations; - Information regarding the local delivery system; and - Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner	Texas Medicaid Provider Procedures Manual		2/21/20

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	7/1/2023	E2402	NEG PRESS WOUND THERAPY ELEC PUMP STATION/PRTBLE	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent exaluations from other health care practitioners; and providers; •Pertinent exaluations from other health care practitioners and providers; •Pertinent exaluations from other health care practitioners; and providers; •Pertinent exaluations regarding the local delivery system; and •Patient characteristics and information. CMS DME & Element Order 1. Beneficiary's name 2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner	Texas Medicaid Provider Procedures Manual		2/21/2024
				5. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 6. The date of the order			
Durable Medical Equipment (DME)	Prior to 9/1/2019		SPEECH GEN DEVC DIGTIZED UNDER EQ 8 MINS REC TIME	Information generally required to support authorization decision making includes: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem - Clinical exam; - Pertinent diagnostic testing results, operative and/or pathological reports; - Pertinent diagnostic testing results, operative and/or pathological reports; - Pertinent diagnostic testing results, operative and/or pathological reports; - Pertinent operations with the treating practitioner; - Pertinent charts, graphs or photographic information, as appropriate; - Pertinent charts, graphs or photographic information, as appropriate; - Rehabilitation regulations; - Information regarding the local delivery system; and - Pattent characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physicia/practitioners 5. Prescribing physicia/practitioner S 5. Prescribing physicia/practitioners 5. Prescribing physicia/practitioners Matoma Information in the detifier (NPI) 6. The date of the prescribing physicia/practitioner is decision making includes: Horders Information generally required to support authorization decision making includes: - Context - Contex	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2502	SPCH GEN DEVC DIGTIZD OVER 8 MINS LESS THN EQ 20 MINS REC	Information generating required to support autorization decision making includes: -Current (up to 6 is months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent giagnostic testing results, operative and/or pathological reports; -Pertinent psychosocial history; Information and progress notes; -Pertinent evaluations from other health care practitioner; -Pertinent evaluations from other health care practitioner; -Pertinent evaluations from other health care practitioners; -Pertinent cellulations from other health care practitioners; -Pertinent charts, graphs or photographic information, as appropriate; -Rehabilitation evaluations; Information regarding the local delivery system; and -Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the Item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner? National Practitioner Identifier (NPI) 6. The date of the order	Texas Medicaid Provider Procedures Manual		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2504	SPCH GEN DEVC DIGTIZD OVER 20 MINS UNDER EQ 40 MINS REC	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial histor; •Information and consultations with the treating practitioner; •Pertinent exits, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME & Element Order 1. Beneficiary's name 2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2506	SPEECH GEN DEVICE DIGITIZED	S. Prescribing physician/practitioner's National Practitioner Identifier (NPI) In that of the order Information generally required to support authorization decision making includes:	Texas Medicaid Provider Procedures Manual		2/21/2024
			OVER 40 MINS REC TIME	 Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Preatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent evaluations from other health care practitioner; appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information. CMS DME 6 Element Order A description of the Irem of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number Quantity A Signature of the prescribing physician/practitioner Perscribing physician/practitioner's National Practitioner (NPI) The date of the prescribing physician/practitioner identifier (NPI) The date of the prescribing physician/practitioner identifier (NPI) 			
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2508	SPCH GEN DEVC SYNTHSIZD REQ MESS SPELL AND CNTCT	Information generally required to support authorization making includes: -Current (up to 6 month), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent topkooscial history; -Information and consultations with the treating practitioner; -Pertinent charts, graphs or photographic information, as appropriate; -Pertinent charts; sing in the local delivery system; and +Pattent characteristics and information. CMS DME & Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner identifier (NPI)	Texas Medicaid Provider Procedures Manual		2/21/202

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2510	SPCH GEN DEVC SYNTHESIZD MX METH MESS AND DEVC ACCSS	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operate and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent tevaluations form other health care practitioners; •Pertinent tevaluations form other health care practitioners; •Pertinent therats; graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiany's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioners 5. Prescribing physician/practitioners in the inter of the term of the term of the term of the trent of the term of the term into and theat there is the physician/practitioners is the physician/practitioners is the term into a term of the prescribing physician/practitioners is the physician/practitioners is t	Texas Medicaid Provider Procedures Manual		2/21/202
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2511	SPEECH GEN SOFTWARE PROG PC PERS DIGITAL ASSIST	6. The date of the order	Texas Medicaid Provider Procedures Manual		2/21/202
				History of the presenting problem -Unical exam; Pertinent diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; Pertinent pychosocial history; Information and consultations with the treating practitioner; Pertinent pychosocial history; Pertinent charts, graphs or photographic information, as appropriate; Pertinent charts, graphs or photographic information, as appropriate; Pertinent preductions for the health care practitioner; Pertinent preductions; Information regarding the local delivery system; and Patient characteristics and information. CMS DME 6 Element Order A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number A Signature of the prescribing physician/practitioner S. Prescribing physician/practitioner / Sational Practitioner identifier (NPI) C. The date of the prescribing physician/practitioner identifier (NPI)			
Durable Medical Equipment (DME)	7/1/2024	E2512	ACCESS SPEECH GENERATING DEVICE MOUNTING SYSTEM	Information generally required to support authorization decision making includes: • Current (up to 6 month), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pretratent plan and progress notes; • Pertinent plan and progress notes; • Pertinent postboocial history; • Information and consultations with the treating practitioner; • Pertinent plant and progress notes; • Pertinent plant and progress notes; • Pertinent charts, graphs or photographic information, as appropriate; • Rehabilitation evaluations from the health care practitioners and providers; • Pertinent charts, graphs or photographic information, as appropriate; • Rehabilitation evaluations from the local delivery system; and • Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physicial/practitioner 5. Prescribing physicial/practitioner / dentifier (NPI)	Texas Medicaid Provider Procedures Manual		9/11/20

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	7/1/2024	E2599	ACCESSORY FOR SPEECH GENERATING DEVICE NOC	Information generally required to support authorization decision making includes: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent togenostic testing exonomers, +Pertinent plan and progress notes; +Pertinent plan and consultations with the treating practitioner; +Pertinent exoluations from other health care practitioners and providers; +Pertinent exolusions from other health care practitioners and providers; +Pertinent exolusions from other health care practitioners; +Pertinent exolusions from other health care practitioners; +Pertinent exolusions; +Information evaluations; +Information evaluations; +Information evaluations; +Information evaluations; +Pertinent characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. Adsecription of the item of DME ordered—the description can be either a general description (e.g., wheekhair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner	Texas Medicaid Provider Procedures Manual		9/11/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2609		5. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 6. The date of the order Information generally required to support authorization decision making includes: Information generally required to support authorization decision making includes: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; - Current (up to 6 months),	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2617	SEAT CUSHION SIZE	History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent sychosocial history; Information and consultations with the treating practitioner; Pertinent sychosocial history; Pertinent charts, graphs or photographic information, as appropriate; Pertinent charts, graphs or photographic information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physicia/practitioner's 5. Prescribing physicia/practitioner's Main Practitioner's 5. Prescribing physicia/practitioner's Mainal Practitioner's 1. Deneficiane enaily required to support authorization decision making includes:	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2617	LSTM FAB WE BACK CUSHN ANY SZ	Internation generally required to support autofization decision making includes: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Cilcical easm; Pertinent diagnostic testing results, operative and/or pathological reports; Pretinent general history; Information and progress notes; Pertinent evaluations from other health care practitioner; Pertinent revaluations from other health care practitioner; Pertinent characteristics and information, as appropriate; Information negarding the local delivery system; and Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered—the description can be either a general description (e.g., wheekchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 6. The date of the profer.	Texas Medicald Provider Procedures Manual		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2626	WC ACCESS SHLDR ELB MOBIL ARM SUPP WC ADJUSTBLE	Information generally required to support authorization decision making includes: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent Jahan and progress notes; -Pertinent pathoand consultations with the treating practitioner; -Pertinent and consultations with the treating practitioner; -Pertinent exaluations from other health care practitioners; -Pertinent stars, graphs or photographic information, as appropriate; -Retinent characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner; - Describing the prescribing physician/practitioner; - Description of the item of DME ordered-the description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number - Quantity - Signature of the prescribing physician/practitioner; - Description of the item of the term of the therefore the therefore (the prescription (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, - Code narrative, or a brand name/model number - Description of the item of the prescription physician/practitioner; - Description of the item of prescription physician/practitioner; - Description of the item of physician/practitioner; -	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2628	WC ACCESS SHLDR ELB MOBIL ARM SUPP WC RECLINING	S. Prescribing physician/practitioner's National Practitioner Identifier (NPI) <u>6. The date of the order</u> Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	Texas Medicaid Provider Procedures Manual		2/21/2024
				 History of the presenting problem Clinical earm; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent pythosocial history; Information and consultations with the treating practitioner; Pertinent charts, graphs or photographic information, as appropriate; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information. CMS DME 6 Element Order A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number Guantity Signature of the prescribing physician/practitioner identifier (NPI) The date of the order 			
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2629	WC ACCESS SHLDR ELB M ARM SUPF FRICTION ARM SUPP	Information generally required to support authorization decision making includes: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; =Pertinent diagnostic testing results, operative and/or pathological reports; =Treatment plan and progress notes; =Pertinent plan and progress notes; =Pertinent plan and progress notes; =Pertinent playchoscial history; =Information and consultations with the treating practitioner; =Pertinent evaluations from other health care practitioners; =Pertinent evaluations from other health care practitioners; =Pertinent evaluations in photographic information, as appropriate; =Rehabilitation evaluations; =Information regarding the local delivery system; and =Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physicaln/practitioner 5 5. Prescribing physicaln/practitioner 5 National Practitioner 15 Prescribing physicaln/practitioner 5 Stressribing physicaln/practitioner 5 Networks (Stressribing Physicaln/practitioner) Stressribing Physicaln/practitioner 5 Networks (Stressr	Texas Medicaid Provider Procedures Manual		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	7/1/2023	K0005	Ultralightweight wheelchair	Information generally required to support authorization decision making includes: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pretinent gian and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations from other health care practitioners and providers; • Pertinent revaluations from other health care practitioners and providers; • Pertinent thats, graphs or photographic information, as appropriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physicia/practitioner / 5. Prescribing physicia/practitioner's National Practitioner (MPI)	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0008	CUSTOM MANUAL WHEELCHAIR BASE	6. The date of the order information generally required to support authorization decision making includes: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pretinent diagnostic testing results, operative and/or pathological reports; • Pretinent provided in history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioner; • Pertinent evaluations from other health care practitioner; • Pertinent regrading the local delivery system; and • Patter characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physicia/practitioner [5. Prescribing physicia/practitioner]	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0009	OTHER MANUAL WHEELCHAIR BAS	 6. The date of the order [Information generally required to support authorization decision making includes: (Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; (History of the presenting problem (Inicration generally required to support authorization decision making includes: (Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Pretinent psychosocial history; Pertinent psychosocial history; Pertinent evaluations from other health care practitioner; Pertinent evaluations from other health care practitioner; Pertinent charts, graphs or photographic information, as appropriate; Perbabilitizing the local delivery system; and Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner identifier (NPI) 5. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 	Texas Medicaid Provider Procedures Manual		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	коо10		Information generally required to support authorization decision making includes: -Current (up to 6 months), adequate pattern history related to the requested services such as: office and hospital records; +Listory of the presenting problem -Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Pertinent operations with the treating practitioner; +Pertinent evaluations from other health care practitioners; +Pertinent evaluations from other health care practitioners; +Pertinent evaluations from other health care practitioners; +Pertinent evaluations; +Information regarding the local delivery system; and +Patient characteristics and information. CMS PMD 7 Element Order 1.Beneficiary's name 2.Face to Face Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence- is considered to be the completion of the face-to-face, or F2F completion date. The documented the Face to Face evaluation should include a detailed, narrative note in the patient's medical record'. The record should include relevant information. Document the decision to prescribe a PMD. 3.Equipment Recommended 4.Diagnosis or conditions related to the need for the power mobility devices S.Length of need 6.Physician's signature May and who performed the face-to-face mobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only - no stamps.	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0011		7.Date the physician signed the PMD order Information generally required to support authorization decision making includes: -Current (up to 6 months), adequate pattern history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent diagnostic testing rosults, operative and/or pathological reports; -Pertinent operations with the treating practitioner; -Pertinent chars, graphs or photographic information, as appropriate; -Rehabilitation evaluations; -Information evaluations; -Information and consultations; -Information regarding the local delivery system; and -Patient characteristics and information. CMS PMD 7 Element Order 1.Beneficiary's name 2.Face to Face Completion Date The inperson visit (with the physician] and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The pressor ousit (with the physician's signature and concurrence with the therapist's evaluation -whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion date. The documented the Face to Face evaluation should include a detailed, narrative note in the patient's medical record. Th	Texas Medicaid Provider Procedures Manual		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0012		Information generally required to support authorization decision making includes: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem - Clinical exam; - Pertinent diagnostic testing results, operative and/or pathological reports; - Pertinent adiagnostic testing results, operative and/or pathological reports; - Pertinent diagnostic testing results, operative and/or pathological reports; - Pertinent adiagnostic testing results, operative and/or pathological reports; - Pertinent adiagnostic testing results, operative and/or pathological reports; - Pertinent adiagnostic testing practitiones; - Pertinent evaluations from other health care practitioner; - Pertinent evaluations from other health care practitioners; - Pertinent chars, graphs or photographic information, as appropriate; - Rehabilitation evaluations; - Information regarding the local delivery system; and - Patient characteristics and information. CMS PMD 7 Element Order - Leeneficiary's name - Zace to Face Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation shuld include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD Clipapinet Recommended - Abignosis or conditions related to the need for the power mobility device - SLength of need - Physician signature - The physician signature and prescribe and physician) must complete and sign with a valid signature. Ink or valid electronic signatures - No - stamps Output the physician is gined the PMD order - Date the physician is gined the PMD order - Da	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	10/1/2022	K0013		Information generally required to support authorization decision making includes: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent diagnostic strong results, operative and/or pathological reports; +Pertinent psychoscolal history: +Pertinent psychoscolal history: +Pertinent charts, graphs or photographic information, as appropriate; +Pertinent charts (strong the local delivery system; and +Patient chartacteristics and information. CMS PMD 7 Elicement Order 1. Beneficiary's name 2. Face to Face Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence- is considered to be the completion of the face-to-face, or F2F completion date. The documented the Face to Face evaluation should include a detailed, narrative note in the patient's medical r	Texas Medicaid Provider Procedures Manual		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0014	OTHER MOTORIZED POWER WHEELCHAIR BASE	Information generally required to support authorization decision making includes: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem • Elinical exam; • Pertinent dianostic testing results, operative and/or pathological reports; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent valuations from other health care practitioners; • Pertinent thats, graphs or photographic information, as appropriate; • Pertinent revaluations from other health care practitioners and providers; • Pertinent revaluations from other health care practitioners and providers; • Pertinent regarding the local delivery system; and • Patient chars, graphs or photographic information, as appropriate; • Pehabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information. CMS PMD 7 Element Order 1. Beneficiary's name 2. Face to Face Completion Date The in-person visit (with the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion date. The documented the Face to Face evaluation should include a detailed, narrative note in the patient's neglical record. The record should include relevant information. Document the decision to prescribe a PMD. 3. Equipment Recommended 4. Diagnosis or conditions related to the need for the power mobility device 5. Length of need 6. Physician's signature The physician who performed the face-to-face mobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only - no stamps. 7. Date the physician signed the PMD order	Texas Medicaid Provider Procedures Manual	2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	К0108	OTHER ACCESSORIES	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number	Texas Medicaid Provider Procedures Manual	2/21/2024
				Quantity Guantity Signature of the prescribing physician/practitioner Serescribing physician/practitioner's National Practitioner Identifier (NPI)		
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0606	AUTO EXT DEFIB W INTGR ECG ANALY GARMENT TYPE	G. The date of the order Information generally required to support authorization decision making includes: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical earm; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent plan and progress notes; -Pertinent plan and progress notes; -Pertinent plan and progress notes; -Pertinent paychosocial history; -Pertinent paychosocial history; -Pertinent paychosocial history; -Pertinent evaluations with the treating practitioner; -Pertinent evaluations from other health care practitioner; -Pertinent charts, graphs or photographic information, as appropriate; -Pertinent charts, graphs or photographic information, as appropriate; -Pertinent charts, graphs or photographic information, as appropriate; -Pertinent charts, graphs or photographic information. -CMS DME 6 Element Order -Description of the Item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number -Quantity -Signature of the prescribing physician/practitioner's National Practitioner's National Practinter's National Practitioner's Nati	Texas Medicaid Provider Procedures Manual	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0800	PWR OP VEH GRP 1 STD PT WT CAP TO AND INCL 300 LBS	Information generally required to support authorization decision making includes: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent cliancostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent cliancostic testing results, operative and/or pathological reports; -Pertinent cliancostic testing practitioner; -Pertinent asynchrosical history; -Pertinent synchrosical history; -Pertinent cliancostic form other health care practitioner; -Pertinent cliancostic productions with the treating practitioner; -Pertinent cliancostic productions; -Pertinent cliancostical history; -Information evaluations; -Information evaluations; -Information evaluations; -Information regarding the local delivery system; and -Patient characteristics and information. CMS PMD 7 Element Order 1.Beneficiary's name 2.Face to Face Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be completion of the face-to-face, or F2F completion date. The documented the face to face evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD. 3.Equipment Recommended 4.Diagnosis or conditions related to the need for the power mobility device 3.Equipment Recommended 4.Diagnosis or conditions related to the need for the power mobility device 3.Equipment face-to-face mobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid elect	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0801	PWR OP VEH GRP 1 HEAVY DUTY PT 301 TO 450 LBS	Information generally required to support authorization decision making includes: *Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; *Uircord of the presenting problem Clinical earn; *Pertinent diagnostic testing results, operative and/or pathological reports; *Pertinent diagnostic testing results, operative and/or pathological reports; *Pertinent process notes; *Pertinent evaluations from other health care practitioner; *Pertinent evaluations from other health care practitioner; *Pertinent evaluations from other health care practitioner; *Pertinent charls, graphs or photographic information, as appropriate; *Rehabilitation evaluations; *Information regarding the local delivery system; and *Patient characteristics and information. CMS PMD 7 Element Order Liseneficiary's name 2.Face to Face Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's signature and concurrence with the therapist's evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD. 3.Equipment Recommended 4.Diagnosis or conditions related to the need for the power mobility evice 5.Length of need 6.Physician's signature The physician's signature. Ink or valid electronic signatures only – on stamps. 7.Date the physician signed the PMD order	Texas Medicaid Provider Procedures Manual		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0802	PWR OP VEH GRP 1 VERY HEAVY DUTY PT 451-600 LBS	Information generally required to support authorization decision making includes: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent dignostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent algonostic testing results, operative and/or pathological reports; -Treatment plan and consultations with the treating practitioner; -Pertinent adjacostic testing problem and consultations with the treating practitioner; -Pertinent explanations from other health care practitioners; -Pertinent explanations from other health care practitioners; -Pertinent explanations; +Information regarding the local delivery system; and -Patient characteristics and information. CMS PMD 7 Element Order L.Beneficiary's name 2.Face to Face Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion date. The documented the Face to Face evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD. 4. Diagnosis or conditions related to the need for the power mobility device S.Length of need 6. Physician's signature The physician who performed the face-to-face enditient examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only - no stamps. 7. Date the physician signature is provident planation (ordering physician	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0806	PWR OP VEH GRP 2 STD PT WT CAP TO AND INCL 300 LBS	Information generally required to support authorization decision making includes: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical earn; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent pan and progress notes; +Pertinent paychosocial history; +Information and consultations with the treating practitioner; +Pertinent charts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient charts, fraphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information. CMS PMD 7 Element Order 1.Beneficiary's name 2.Face to Face Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion date. He aptient's medical record. The record should include relevant information. Document the decision to prescribe a PMD. 3.Equipment Recommended 4.Dagnosis or conditions related to the need for the power mobility device S.Length of need 6.Physician's signature The physician who performed the face-to-face mobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures n/h - no stamps. 7.Date the physician signed the PMD order	Texas Medicaid Provider Procedures Manual		2/21/2024

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Durable Medical Equipment (DME)	Prior to 9/1/2019	K0807	PWR OP VEH GRP 2 HEAVY DUTY PT 301 TO 450 LBS	Information generally required to support authorization decision making includes: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent adjaconstic testing practitioner; +Pertinent evaluations from other health care practitioner; +Pertinent evaluations; +Information evaluations; +Information evaluations; +Information evaluations; +Information evaluations; -Information evaluation formation. CMS PMD 7 Element Order 1.Beneficiary's name 2.Face to Face Completion Date The in-person visit (with the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face or F2E completion date. The documented the Face to Face to Face evaluation should include e elevant information. Deciment the decision to prescribe a PMD. 3.Equipment Recommended 4.Diagnosis or conditions related to the need for the power mobility device 5.Length of need 6.Physician's signature The physician who performed the face-to-face on-face endibility evanination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only - no stamp; Date the physicic	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0808	PWR OP VEH GRP 2 VERY HEAVY DUTY PT 451-600 LBS	Information generally required to support authorization decision making includes: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical earn; Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; -Pertinent solutions not testing problem -Pertinent evaluations from other health care practitioner; +Pertinent tevaluations from other health care practitioner; +Pertinent tevaluations from other health care practitioner; +Pertinent tevaluations is: +Pertinent tevaluations is: +Pertinent tevaluations is: +Pertinent tevaluations is: +Pertinent tevaluations is: +Pertinent chards; graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Pertinent thards; graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Pertinent thards; graphs or photographic information, as appropriate; +Pertinent characteristics and information. CMS PMD 7 Element Order Laenenficiary's name 2.Face to Face Completion Date The in-person visit, (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence- is considered to be the completion of the face-to-face, or F2F completion date. The documented the face to face examination. The results of both completion of the face-to-face, or F2F completion date. The documented the face to face evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD. 3.Equipment Recommended 4.Diagnosis or conditions related to the need for the power mobility	Texas Medicaid Provider Procedures Manual		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0813	PWR WC GRP 1 STD PORT SLING SEAT PT TO 300 LBS	Information generally required to support authorization decision making includes: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Onicial exam; -Pertinent dignostic testing results, operative and/or pathological reports; -Preatment plan and progress notes; -Pertinent dignostic testing results, operative and/or pathological reports; -Pretinent paychosocial histor; -Information and consultations with the treating practitioner; -Pertinent exits, graphs or photographic information, as appropriate; -Pertinent characteristics and information. CMS PMD 7 Element Order 1. Beneficiary's name 2. Face to face Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence- is considered to be the completion of the face-to-face, or 22 completion. Document the decision to prescribe a PMD. 3. Equipment Recommended 4. Obigonsito related to the need for the power mobility device 5. Length of need 6. Physician's signature The physician's signature The physician who performed the face-to-face emobility evaluation (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only - no stamps. 7. Date the physician signative The physician who performed the PADD order	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0814	PWR WC GRP 1 STD PORT CAPT CHAIR PT TO 300 LBS	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS PMD 7 Element Order Liseneficary's name 2 Face to Face Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence- is considered to be the completion of the face-to-face, or F2F completion date. The documented the face to Face evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD. 3 Equipment Recommended 4 Diagnosis or conditions related to the need for the power mobility device 5 Length of need 6 Physician's signature The physician who performed the face-to-face mobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only -	Texas Medicaid Provider Procedures Manual		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0815	PWR WC GRP 1 STD SLING SEAT PT UP TO AND EQ 300 LBS	Information generally required to support authorization decision making includes: *Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem *Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; *Pertinent diagnostic testing results, operative and/or pathological reports; *Pertinent diagnostic testing results, operative and/or pathological reports; *Pertinent adjanostic testing results, operative and/or pathological reports; *Pertinent adjanostic testing practitioner; *Pertinent evaluations from other health care practitioner; *Pertinent charts, graphs or photographic information, as appropriate; *Rehabilitation evaluations; Information evaluations; *Information regarding the local delivery system; and *Patient characteristics and information. CMS PMD 7 Element Order 1.Beneficiary's name 2.Face to Face Completion Date The in-person visit (with the physician') and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined of address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation +whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion date. The documented the face to Face evaluation should include a detailed, narrative note in the platient's medical record. The record should include relevant information. Document the decision to prescribe a PMD. 3.Equipment Recommended 4.Diagnosis or conditions related to the need for the power mobility device 5.Length of need 6.Physician' signature The physici	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0816	PWR WC GRP 1 STD CAPTAINS CHAIR PT TO AND EQ 300 LBS	Information generally required to support authorization decision making includes: • Current (up to 6 monts), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent gisenostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent psychosocial history; • Information and consultations with the reating practitioner; • Pertinent charts, graphs or photographic information, as appropriate; • Rehabilitation regarding the local delivery system; and • Patient characteristics and information. CMS PMD 7 Element Order 1 Element Charts, graphs can be called livery system; and • Patient characteristics and information. CMS PMD 7 Element Order 1 Element Soft on the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The risers on visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The risers of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence- is considered to be the completion of the face-to-face, or FAF completion date. The documented the Face to Face evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD. 3.Equipment Recommended 4.Diagnosis or conditions related to the need for the power mobility device 5.Length of need 6.Physician's signature The physician signed the PMD order	Texas Medicaid Provider Procedures Manual		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0820	PWR WC GRP 2 STD PORT SLING SEAT PT TO AND EQ 300 LBS	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Inicial exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent pan and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent exaluations from other health care practitioners; •Pertinent exaluations regarding the local delivery system; and •Patient characteristics and information. CMS PMD 7 Element Order 1.Beneficiary's name 2.Face to face. Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence- is considered to be the completion of the face-to-face, or <i>F2E</i> completion. Document the decision to prescribe a PMD. 3.Equipment Recommended 4.Diagnostis related to the need for the power mobility device S.Length of need G.Physician's signature The physician who performed the face-to-face conface mobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only - no stamps. 7.Date the physician signature diverses and the PMD order	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0821	PWR WC GRP 2 STD PORT CAPT CHAIR PT TO AND EQ 300 LBS	Information genrally required to support authorization decision making includes: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Otimical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent psychoscial history: -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioner; -Pertinent totals, graphs or photographic information, as appropriate; -Pertinent charts, graphs or photographic information, as appropriate; -Pertinent charts; -Pertinent c	Texas Medicaid Provider Procedures Manual		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0822	PWR WC GRP 2 STD SLING SEAT PT TO AND EQ 300 LBS	Information generally required to support authorization decision making includes: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem - Clinical exam; - Pertinent dignostic testing results, operative and/or pathological reports; - Treatment plan and progress notes; - Pertinent dignostic testing results, operative and/or pathological reports; - Treatment plan and consultations with the treating practitioner; - Pertinent dignostic testing strong the treatment plan and consultations with the treating practitioner; - Pertinent evaluations from other health care practitioners; and providers; - Pertinent characteristics and information, as appropriate; - Rehabilitation evaluations; - Information regarding the local delivery system; and - Patient characteristics and information. CLMS PMD 7 Element Order L Beneficiary's name 2 Erace to Face Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence- is considered to be the completion of the face-to-face, or 2F2 completion date. The documented the Face to Face evaluation include relevant information. Document the decision to prescribe a PMD. 3 Equipment Recommended 4 Alagnosis or conditions related to the need for the power mobility device 5 Length of need 6 Physician's signature The physician's signature The physician's signature The physician's signature. Ink or valid electronic signatures only - no stamps. 7 Date the physician's dithe PhD order	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0823	PWR WC GRP 2 STD CAPTAINS CHAIR PT TO AND EQ 300 LBS	Information generally required to support authorization decision making includes: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent sychosocial history; -Information and consultations with the treating practitioner; -Pertinent exam; -Pertinent exam; -Perti	Texas Medicaid Provider Procedures Manual		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0824	PWR WC GRP 2 HEVY DUTY SLING SEAT PT 301-450 LBS	Information generally required to support authorization decision making includes: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem - Clinical exam; - Pertinent dignostic testing results, operative and/or pathological reports; - Treatment plan and progress notes; - Pertinent dignostic testing results, operative and/or pathological reports; - Treatment plan and consultations with the treating practitioner; - Pertinent dignostic testing strong the treatment plan and consultations with the treating practitioner; - Pertinent evaluations from other health care practitioners; and providers; - Pertinent characteristics and information, as appropriate; - Rehabilitation evaluations; - Information regarding the local delivery system; and - Patient characteristics and information. CLMS PMD 7 Element Order L Beneficiary's name 2 Erace to Face Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence- is considered to be the completion of the face-to-face, or 2F2 completion date. The documented the Face to Face evaluation include relevant information. Document the decision to prescribe a PMD. 3 Equipment Recommended 4 Alagnosis or conditions related to the need for the power mobility device 5 Length of need 6 Physician's signature The physician's signature The physician's signature The physician's signature. Ink or valid electronic signatures only - no stamps. 7 Date the physician's dithe PhD order	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0825	PWR WC GRP 2 HEVY DUTY CAPT CHAIR PT 301-450 LBS	Information generally required to support authorization decision making includes: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent dualitons from other health care practitioner; +Pertinent charts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information. CMS PMD 7 Element Order Liseneficiary's name 2.Face to Face Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2E completion date. The documented the Face to Face evaluation is should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD. 3.Equipment Recommended 4.Diagnosis or conditions related to the need for the power mobility device 3.Length of need 6.Physician's signature The physician signature The physician who performed the face-to-face mobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic s	Texas Medicaid Provider Procedures Manual		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0826	SEAT PT 451-600 LB	Information generally required to support authorization decision making includes: -Current (up to 6 months), adequate pattern history related to the requested services such as: office and hospital records; +"Kistory of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent operations with the treating practitioner; -Pertinent avoid the presenting probargable information, as appropriate; -Pertinent evaluations from other health care practitioner; -Pertinent characteristics and information, as appropriate; -Rehabilitation evaluations; -Information evaluation the present order 1.Beneficiary's name 2.Face to Face Completion Date The in-person visit (with the physician] and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation -whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion date. The documented the Face to Face evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD. 3.Equipment Recommended 4.Diagnosis or conditions related to the need for the power mobility device 5.Length of need	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0827		Information generally required to support authorization decision making includes: -Current (µ to 6 months), adequate patient history related to the requested services such as: office and hospital records; -History of the presenting problem -Clinical earn; -Pertinent diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent sychosocial history; -Information and consultations with the treating practitioner; -Pertinent chalations from other health care practitioners and providers; -Pertinent charts, graphs or photographic information, as appropriate; -Rehabilitation regarding the local delivery system; and -Patient characteristics and information. CMS PMD 7 Element Order 1.Beneficiary's name 2.Face to Face Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence- is considered to be the completion of the face-to-face, or F2C completion date. The documented the Face to Face evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD. 3.Equipment Recommended 4.Diagnosis or conditions related to the need for the power mobility device 5.Length of need 6.Physician's signature The physician's signature The physician signature the face-to-face mobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only - no stamps. T.Date the physician signed the PMD order	Texas Medicaid Provider Procedures Manual		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0828	PWR WC GRP 2 XTRA HVY DUTY SLING SEAT PT 601LB OR GRT	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +Vistory of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Tratment plan and progress notes; •Pertinent diagnostic testing results, operative and/or pathological reports; •Tratment plan and progress notes; •Pertinent explossocial history; •Pertinent explossocial history; •Pertinent explossocial history; •Pertinent charts, graphs or photographic information, as appropriate; •Pertinent explostory in photographic information, as appropriate; •Pertinent charts, graphs or photographic information, and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or FZF completion, Do	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0829	PWR WC GRP 2 XTRA HVY DUTY CHAIR PT 601 LBS OR GRT	Information generally required to support authorization decision making includes: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; ••History of the presenting problem ••Clinical exam; ••Pertinent diagnostic testing results, operative and/or pathological reports; ••Treatment plan and progress notes; ••Pertinent dyschoscial history: ••Information and consultations with the treating practitioner; ••Pertinent evaluations from other health care practitioners; ••Pertinent evaluations; ••Information regarding the local delivery system; and ••Patient characteristics and information. CMS PMD 7 Element Order 1.Beneficiary's name 2.Face to Face Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F3C completion date. The documenter the Face to Face coragistic and shuld include relevant information. Document the decision to prescribe a PMDD. 3.Equipment Recommended <t< td=""><td>Texas Medicaid Provider Procedures Manual</td><td></td><td>2/21/2024</td></t<>	Texas Medicaid Provider Procedures Manual		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0830	PWR WC GRP 2 STD SEAT ELEV SLING PT TO AND EQ 300 LBS	Information generally required to support authorization decision making includes: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent digarostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent approximations with the treating practitioner; +Pertinent explanand consultations with the treating practitioner; +Pertinent explanations from other health care practitioners; +Pertinent explanations from other health care practitioners; +Pertinent explanations from other health care practitioners; +Pertinent explanations; +Pertinent explanations; +Information regarding the local delivery system; and +Patient characteristics and information. CMS PMD 7 Element Order 1.Reneficiary's name 2.Face to Face Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion date. The documented the Face to Face valuation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD. 4. Diagnosis or conditions related to the need for the power mobility device S. Length of need 6. Physician's ignature The physician's ignature The physician's ignature The physician's ignature. The volation with a valid signature. Ink or valid electronic signatures only - no stamps. 7. Date the physician's due PMD order	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0831	PWR WC GRP 2 STD SEAT ELEV CAP CHR PT TO 300 LB	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history; •Information and consultations with the treating practitioner; •Pertinent traduations from other health care practitioners and providers; •Pertinent traduations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and *Patient charts; fraghs or photographic information. CMS PMD 7 Element Order 1.Beneficiary's name 2.Face to Face Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence- ic considered to be the completion of the face-to-face, or F2F completion date. 1.Equipment Recommented 4.Diagnosis or conditions related to the need for the power mobility device 3.Equipment Recommented 4.Diagnosis or conditions related to the need for the power mobility device 5.Length of need 6.Physician's signature The physician who performed the face-to-face mobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only – on stamps. 7.Date the physician signed the PMD order	Texas Medicaid Provider Procedures Manual		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0835	PWR WC GRP 2 STD 1 PWR SLING SEAT PT TO 300 LBS	Information generally required to support authorization decision making includes: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent dignostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent dignostic testing results, operative and/or pathological reports; -Treatment plan and consultations with the treating practitioner; -Pertinent dignostic testing results, operative and/or pathological reports; -Pertinent explanations with the treating practitioner; -Pertinent explanations from other health care practitioners and providers; -Pertinent explanations from other health care practitioners and providers; -Pertinent explanations in the local delivery system; and -Pertinent characteristics and information. CMS PMD 7 Element Order LisenetGrave Sname 2.Face to Face Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion date. The documented the Face to Face evaluation should include a detailed, narrative note in the patient's relation related to the need for the power mobility device S.Ength of need 6.Physician's signature The physician who performed the face-to-face care oblicty examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only - no stamps. 7.Date the physician signature	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0836	PWR WC GRP 2 STD 1 PWR CAPT CHAIR PT TO 300 LBS	Information generally required to support authorization decision making includes: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent objection and progress notes; -Pertinent psychosocial history; -Pertinent evaluations from other health care practitioner; -Pertinent charts, graphs or photographic information, as appropriate; -Rehabilitation evaluations; -Information and consultations with the treating practitioner; -Pertinent charts, graphs or photographic information, as appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information. CMS PMD 7 Element Order Liseneficiarys name 2.Face to Face Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence- ic considered to be the completion of the face-to-face, or F2F completion Atac. Equipment Recommended 4.Diagnosis or conditions related to the need for the power mobility device 5.Length of need 6.Physician's signature The physician's signature The physician signature The physician signature The physician signature the face-to-face mobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only – on stamps. .Zotae the physician signate the PMD order	Texas Medicaid Provider Procedures Manual		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0837	PWR WC GRP 2 HVY 1 PWR SLING SEAT PT 301-450 LBS	Information generally required to support authorization decision making includes: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent dignostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent dignostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent sequestions with the treating practitioner; -Pertinent explanations with the treating practitioner; -Pertinent explanations from other health care practitioners; -Pertinent explanations from other health care practitioners; -Pertinent explanations; -Information evaluations; -Information evaluations; -Information evaluations; -Pertinent characteristics and information, as appropriate; -Rehabilitation evaluations; -Information evaluations; -Patient characteristics and information. CMS PMD 7 Element Order Liseneficiary's name 2-Face to Face Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence- is considered to be the completion of the face-to-face, or F2F completion. Document the decision to prescribe a PMD. 3-Equipment Recommended 4-Diagnosis related to the need for the power mobility device Signature The physician who performed the face-to-face end of the physician) must complete and sign with a valid signature. Ink or valid electronic signatures only - no stamps. 7-Date the physician signature	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0838	PWR WC GRP 2 HVY 1 PWR CAPT CHAIR PT 301-450 LBS	Information generally required to support authorization decision making includes: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem - Clinical exam; + Pertinent diagnostic testing results, operative and/or pathological reports; - Pretinent diagnostic testing results, operative and/or pathological reports; - Pretinent psychosocial history; - Information and orgens notes; - Pertinent revaluations from other health care practitioner; - Pertinent revaluations from other health care practitioner; - Pertinent revaluations from other health care practitioners; - Pertinent revaluations from other health care practitioners; - Pertinent revaluations in: - Rehabilitation evaluations; - Information negarding the local delivery system; and - Patient characteristics and information. CMS PMD 7 Element Order 1. Beneficiary's name 2. Face to Face Completion Date The in-person visit, (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence- is considered to be the completion of the face-to-face or F2 ⁻ completion date. The documented the face to face evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD. 3. Equipment Recommended 4. Diagnosis or conditions related to the need for the power mobility device 5. Length of need 6. Physician's signature The physician's signature The physician's signature The physician's signature The physician who performed the face-to-face mobility examination (ordering physician) must complete and si	Texas Medicaid Provider Procedures Manual		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0839	PWR WC GRP 2 VRY HVY 1 PWR SLING PT 451-600 LBS	Information generally required to support authorization decision making includes: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem - Clinical exam; - Pertinent dignostic testing results, operative and/or pathological reports; - Pretinent glangostic testing results, operative and/or pathological reports; - Pretinent plan and consultations with the treating practitioner; - Pretinent explanations in the reating practitioner; - Pertinent explanations from other health care practitioners; - Pretinent explanations from other health care practitioners; - Pretinent explanations from other health care practitioners; - Pretinent explanations; - Information evaluations; - Information evaluations; - Information regarding the local delivery system; and - Pratient characteristics and information. CMS PMD 7 Element Order L Beneficiary's name 2 Face to face Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Eliter the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence- is considered to be the completion of the face-to-face. or 22 completion date. The documented the Face to Face evaluation include relead, narrative note in the patient medical record. The record found include relevant information. Document the decision to prescribe a PMD. 3 Equipment Recommended 6 Abignosis related to the need for the power mobility device 5 Length of need 6 Physician's signature The physician who performed the face-to-face are oblike examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only - no stamps. - Date the physicia	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0840	PWR WC GRP 2 XTRA HVY 1 PWR SLING PT 601 LBS OR GRT	Information generally required to support authorization decision making includes: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pretriment diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Petriment psychosocial history; Information and consultations with the treating practitioner; Petriment clausions from other health care practitioners; Petriment charts, graphs or photographic information, as appropriate; Petriment charts; graphs or photographic information, as appropriate; Petriment charts; graphs or photographic information. CMS PMD 7 Element Order Liseneficiary's name 2 Face to Face Completion Date 2 Face to Face Completion Date 2 Face to Face Completion of the ace-to-face, or P2F completion dats. The date of the physician's visit, or the date of the physician's visit, or the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or P2F completion. Document the decision to prescribe a PMD. Stappionent Recommended A Diagnosis or conditions related to the need for the power mobility device S Length of need CPHysician's signature The physician signature. Ink or valid electronic signatures only - no stamps. 7. Date the physician signate the PMD order	Texas Medicaid Provider Procedures Manual		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0841	PWR WC GRP 2 MX PWR SLING SEAT PT TO AND EQ 300 LBS	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertiment diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertiment psychosocial history; •Information and consultations with the treating practitioner; •Pertiment stratus, graphs or photographic information, as appropriate; •Pertiment stratus, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information evaluation forther • Beneficiary's name 2. Acace to Face Completion Date The in-person visit (with the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion date. The documented the Face to Face evaluation - whichever date is the latest in sequence - is considered to be the ecord should include relevant information. Document the decision to prescribe a PMD. 3. Equipment Recommended 4. Diagnosito conditions related to the need	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0842	PWR WC GRP 2 STD MX PWR CAPT CHR PT TO AND EQ 300 LBS	Information generally required to support authorization decision making includes: Information generally required to support authorization decision making includes: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem + Clinical exam; + Pertinent diagnostic testing results, operative and/or pathological reports; + Treatment plan and progress notes; + Pertinent pychosocial history; + Information and consultations with the treating practitioner; + Pertinent psychosocial history; + Pertinent explauations from other health care practitioner; + Pertinent explauations from other health care practitioner; + Pertinent explauations from other health care practitioner; + Pertinent explauations for other health care practitioner; + Pertinent cargarding the local delivery system; and + Patient characteristics and information. CMS PMD 7 Element Order 1. Beneficiary's name 2. Acre to Face Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation + whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion date. The documented the Face to Face evaluation + whichever date is the latest in sequence - is considered to be the record should include relevant information. Document the decision to prescribe a PMD. 3. Equipment Recommended 4. Diagnosis or conditions related to the need for the power mobility device 5. Length of need 6. Physician's signature The physician's signature The physician who performed the face-to-face mobility examination (ordering physician) must complete and sign with a valid signatu	Texas Medicaid Provider Procedures Manual		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0843	SEAT PT 301-450 LBS	Information generally required to support authorization decision making includes: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +Listory of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent organical mathematical exam; +Pertinent organical mathematical exam; +Pertinent evaluations with the treating practitioner; +Pertinent evaluations from other health care practitioner; +Pertinent evaluations from other health care practitioner; +Pertinent evaluations; +Information evaluation formation. CMS PMD 7 Element Order L8eneficiary's name 2.Face to Face Completion Date The in-person visit (with the physiciani visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion date. The documented the Face to Face evaluation - whichever date is the latest in sequence - is considered to be the record should include relevant information. Document the decision to prescribe a PMD. 3.Equipment Recommended 4.Diagnosis or conditions related to the need for the power mobility device 5.Length of need 6.Physician's signature The physician signed the PMD order	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0848	TO AND EQ 300 LBS	Information generally required to support authorization decision making includes: <urrent (µp="" 6="" adequate="" and="" as:="" history="" hospital="" months),="" office="" patient="" records;<br="" related="" requested="" services="" such="" the="" to="">+History of the presenting problem <united agnostic="" and="" operative="" or="" pathological="" reports;<br="" results,="" testing="">•Perfinent diagnostic testing results, operative and/or pathological reports; •Perfinent diagnostic testing results, operative and/or pathological reports; •Perfinent psychosocial history; +Information and consultations with the treating practitioner; +Perfinent charts, graphs or photographic information, as appropriate; •Perfinent charts, graphs or photographic information, as appropriate; •Perfinent charts, graphs or photographic information, as appropriate; •Perfinent charts, graphs or photographic information. CMS PMD 7 Element Order 1. Beeneficiary; name 2. Face to Face Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence- is considered to be the completion of the face-to-face, or FZP completion date. The documented the face to Face evaluation. 2. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence- is considered to be the completion of the face-to-face, or FZP completion date. The documented the face to Face evaluation. 4. Diagnosis or conditions related to the need for the power mobility device 5. Length of need 5. Applican who performed the face-to-face mobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signature</united></urrent>	Texas Medicaid Provider Procedures Manual		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0849	PT TO AND EQ 300 LBS	Information generally required to support authorization decision making includes: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem - Clinical exam; + Pertinent diagnostic testing results, operative and/or pathological reports; + Treatment plan and progress notes; - Pertinent pythosocial history; + Information and consultations with the treating practitioner; + Pertinent evaluations from other health care practitioners; + Pertinent evaluations from other health care practitioners; + Pertinent evaluations; + Information evaluations; + Information evaluations; + Information evaluations; + Information evaluations; + Rehabilitation evaluations; + Information evaluations; + Rehabilitation evaluation of there + Rehabilitation evaluation of there + Rehabilitation evaluation of the date of date evaluation (with the therapist) are often referred to as the complete face-to-face examination. CMS PMD 7 Element Order 1. Beneficiary's name 2. Zeace to Face Completion of the face-to-face, or 7. F2 completion date. The documented the Hace to Face evaluation + whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or 7. F2 completion date. The documented the Face to Face evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD. 3. Zeguipment Recomme	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0850	SEAT PT 301-450 LBS	Information generally required to support authorization decision making includes: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem - Clinical earn; - Pertinent glian and progress notes; - Pertinent glian and progress notes; - Pertinent obsolical history is the trating practitioner; - Pertinent cliant of consultations with the trating practitioner; - Pertinent cliant of consultations with the realing practitioner; - Pertinent cliant consultations with the realing practitioner; - Pertinent charts, graphs or photographic information, as appropriate; - Rehabilitation evaluations; - Information regarding the local delivery system; and - Patient Charts, graphs are hotographic information. CMS PMD 7 Element Order 1.Beneficiary's name 2.Fare to Face Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion date. The documented the Face to Face evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD. 3.Equipment Recommended 4.Diagnosis or conditions related to the need for the power mobility device 5.Length of need 5.Length of need 5.Length of need 5.Length of need 5.Length of need 5.Length of need 5.Length of need the physician' signature. Ink or valid electronic signatures only - no stamps.	Texas Medicaid Provider Procedures Manual		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0851	PWR WC GRP 3 HVY DUTY CAPT CHAIR PT 301-450 LBS	Information generally required to support authorization decision making includes: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent dignostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent dignostic testing fractions with the treating practitioner; -Pertinent dignostic testing choosen practitioners; -Pertinent explanand consultations with the treating practitioner; -Pertinent explanations from other health care practitioners; -Pertinent explanations from other health care practitioners; -Pertinent explanations; -Pertinent explanations; -Pertinent explanations; -Pertinent explanations; -Information regarding the local delivery system; and -Patient explanations; -Information regarding the local delivery system; and -Patient explanations and information. CMS PMD 7 Element Order L.Beneficiary's name 2.Face to Face Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion date. The documented the Face to Face evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD. 4.Diagnosis or conditions related to the need for the power mobility device S.Length of need 6.Physician's ignature The physician's ignature Construction with the physician's ignature and sign with a valid signature. Ink or valid electronic signatures only - no stamps. 7.Deate the physician's with o	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0852	PWR WC GRP 3 V HVY DUTY SLING SEAT PT 451-600 LB	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertiment diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertiment sychosocial history; •Information and consultations with the treating practitioner; •Pertiment transformation and consultations with the treating practitioner; •Pertiment charts, graphs or photographic information, as appropriate; •Rehabilitations evaluations; •Information regarding the local delivery system; and *Patient characteristics and information. CMS PMD 7 Element Order 1.Beneficiary's name 2.Face to Face Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence- is considered to be the completion of the face-to-face, or F2F completion date. 14.Equipment Recommented 4.Diagnosis or conditions related to the need for the power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence- is considered to be the completion of the face-to-face, or F2F completion date. 15.Equipment Recommented 4.Diagnosis or conditions related to the need for the power mobility device 5.Length of need 6.Physician's signature The physician who performed the face-to-face mobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only – on	Texas Medicaid Provider Procedures Manual		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0853	PWR WC GRP 3 HVY DUTY CAPT CHAIR PT 451-600 LBS	Information generally required to support authorization decision making includes: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent dignostic testing problem +Pertinent dignostic testing results, operative and/or pathological reports; +Pertinent approximations with the treating practitioner; +Pertinent dignostic testing robustions with the treating practitioner; +Pertinent explanations with the treating practitioner; +Pertinent explanations from other health care practitioners and providers; +Pertinent explanations; +Information regarding the local delivery system; and +Patient characteristics and information. CMS PMD 7 Element Order L.Beneficiary's name 2.Face to Face Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation +whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion date. The documented the Face to Face evaluation should include a detailed, narrative note in the patient's medical record. The necord should include relevant information. Document the decision to prescribe a PMD. 3.Equipment Recommended 4.Diagnosis or conditions related to the need for the power mobility device 5.Length of need 6.Physician's signature The physician who performet the face-to-face enditieve examination (ordering physician) must complete and	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0854	PWR WC GRP 3 XTRA HVY DTY SLNG SEAT PT 601 LBS OR GRT	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical earm; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Pertinent chaladions from other health care practitioner; •Pertinent chaladions from other health care practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation veluations; •Information and consultations system; and *Patient characteristics and information. CMS PMD 7 Element Order 1.Beneficiary's name 2.Face to Face Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD. 3.Equipment Recommended 4.Diagnosis or conditions related to the need for the power mobility device 5.Lequipment Recommended 4.Diagnosis or conditions related to the need for the power mobility evice 5.Lequipment Recommended 6.Physician's signature The physician signature the face-to-face mobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only – on stamps. 7.Date the physician signate the PMD order	Texas Medicaid Provider Procedures Manual		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0855	PWR WC GRP 3X HVY DTY CHR PT WT CAP 601 LB OR GRT	Information generally required to support authorization decision making includes: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent dignostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent dignostic testing results, operative and/or pathological reports; +Treatment plan and consultations with the treating practitioner; +Pertinent dignostic testing results, operative and/or pathological reports; +Pertinent explanations from other health care practitioners; +Pertinent explanations from other health care practitioners; +Pertinent explanations from other health care practitioners; +Pertinent explanations; +Information regarding the local delivery system; and +Patient characteristics and information. CMS PMD 7 Element Order Leeneficiary's name 2.Face to Face Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence- is considered to be the completion of the face-to-face, or F2F completion date. The documented the Face to Face evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD. 3.Equipment Recommended 6.Dispician's signature The physician who performed the face-to-face examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only - no stamps. 7.Date the physician signature	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0856	PWR WC GRP 3 STD 1 PWR SLING SEAT PT TO AND EQ 300 LB	Information generally required to support authorization decision making includes: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical earm; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent charts, graphs or photographic information, as appropriate; • Rehabilitation regarding the local delivery system; and • Patient characteristics and information. CMS PMD 7 Element Order Lienendicarys; name 2 Face to Face Completion Date 2 Face to Face Completion of the ace-to-face, or P2F completion date. The documented the Face to Face evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or P2F completion. The results of bot components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or P2F completion date. The documented the Face to Face evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD. 3 Equipment Recommended 4 Loganosis or conditions related to the need for the power mobility device 5 Length of need 6 CPhysician's signature The physician vignet the PMD order 1 The physician signed the PMD order	Texas Medicaid Provider Procedures Manual		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0857	PWR WC GRP 3 STD 1 PWR CAPT CHAIR PT TO AND EQ 300 LB	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pakan and progress notes; •Pertinent pakan and progress notes; •Pertinent pakan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent tarks, graphs or photographic information, as appropriate; •Pertinent charts, graphs or photographic information, as appropriate; •Patient characteristics and information. CMS PMD 7 Element Order 1.Beneficiary's name 2.Face to face Completion Date The in-person visit (with the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face or FZF completion date. The documented the Face to Face evaluation should include a detailed, narrative note in the patient's conton the record should includ	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0858	PWR WC GRP 3 HD 1 PWR SLING SEAT PT 301-450 LBS	Information generally required to support authorization decision making includes: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem - Unical earny; - Pertinent diagnostic testing results, operative and/or pathological reports; - Treatment plan and progress notes; - Pertinent psychosocial history; - Information and consultations with the treating practitioner; - Pertinent evaluations from other health care practitioner; - Pertinent evaluations from other health care practitioner; - Pertinent evaluations from other health care practitioner; - Pertinent explans or photographic information, as appropriate; - Rehabilitation evaluations; - Information regarding the local delivery system; and - Patient characteristics and information. CMS PMD 7 Element Order - Liseneficiary, sname 2 Face to Face Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence- is considered to be the completion of the face-to-face, or F2 completion date. - The decommented the Face to Face cores considered the face to Face valuation in build include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD. 3 Equipment Recommended - Ablagnosis or conditions related to the need for the power mobility device - Suengt of need - Brysician's signature The physician who performed the face-to-face mobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures - Date the physician signed	Texas Medicaid Provider Procedures Manual		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0859	PWR WC GRP 3 HD 1 PWR CAPT CHAIR PT 301-450 LBS	Information generally required to support authorization decision making includes: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent dignostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent dignostic testing fractions with the treating practitioner; -Pertinent dignostic testing choosen practitioners; -Pertinent explanand consultations with the treating practitioner; -Pertinent explanations from other health care practitioners; -Pertinent explanations from other health care practitioners; -Pertinent explanations; -Pertinent explanations; -Pertinent explanations; -Pertinent explanations; -Information regarding the local delivery system; and -Patient explanations; -Information regarding the local delivery system; and -Patient explanations and information. CMS PMD 7 Element Order L.Beneficiary's name 2.Face to Face Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion date. The documented the Face to Face evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD. 4.Diagnosis or conditions related to the need for the power mobility device S.Length of need 6.Physician's ignature The physician's ignature Construction with the physician's ignature and sign with a valid signature. Ink or valid electronic signatures only - no stamps. 7.Deate the physician's with o	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0860	PWR WC GRP 3 V HD 1 PWR SLING SEAT PT 451-600 LB	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history; •Information and consultations with the treating practitioner; •Pertinent tayshosocial history; •Information and consultations with the treating practitioner; •Pertinent thats, graphs or photographic information, as appropriate; •Rehabilitations evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS PMD 7 Element Order 1.Beneficiary's name 2.Face to Face Completion Date The in-person will; with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence- ic considered to be the completion of the face-to-face, or FAF completion date. E tagipment Recommended A Equipment Recommended A Dagnosis or conditions related to the need for the power mobility device S Length of need 6.Physician's signature The physician's signature The physician's signature The physician who performed the face-to-face mobility examination. Document the decision to prescribe a PMD. 3 Equipment Recommended C Physician's signature The physician who performed the face-to-face mobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only – no stamps. 7. Date the physician signed the PMD order	Texas Medicaid Provider Procedures Manual		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0861	PWR WC GRP 3 STD MX PWR SLNG SEAT PT TO AND EQ 300 LB	Information generally required to support authorization decision making includes: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; +Teatment plan and progress notes; +Pertinent plan and progress notes; +Pertinent ado consultations with the treating practitioner; +Pertinent examples in a do consultations with the treating practitioner; +Pertinent examples from other health care practitioners; +Pertinent examples from other health care practitioners and providers; +Pertinent characteristics and information, as appropriate; +Rehabilitation evaluations; +Information arguing the local delivery system; and +Patient characteristics and information. CMS PMD 7 Element Order 1.Beneficiary's name 2.Face to Face Completion Date The in-person visit (with the physician's visit, or the date of the physiciar's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face or F2F completion date. The documented the Face to Face to Face evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD. 3.Equipment Recommended 4.Diagnosis or conditions related to the need for the power mobility device 5.Length of need 6.Physician's signature The physician's signature. Ink or valid electronic signatures only - no stamys. (Date the physician is gine the PMD order	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0862	PWR WC GRP 3 HD MX PWR SLING SEAT PT 301-450 LBS	Information generally required to support authorization decision making includes: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem (-Clinical earn; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; Hormation and consultations with the treating practitioner; +Pertinent characteristics are notes; +Pertinent characteristics and information, as appropriate; +Rehabilitation evaluations; Hormation regarding the local delivery system; and +Patient characteristics and information. CMS PMD 7 Element Order Liseneficiary's name 2.Face to Face Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The in-secon visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The in-secon visit (with the physician) and the mobility evaluation is entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD. 3.Equipment Recommended 4.Diagnosis or conditions related to the need for the power mobility evice S.Length of need 6.Physician's signature The physician's signature The physician's need the face-to-face mobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only - no stamps. 7.Date the physician signed the PMD order	Texas Medicaid Provider Procedures Manual		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0863	PWR WC GRP 3 V HD MX PWR SLNG SEAT PT 451-600 LB	Information generally required to support authorization decision making includes: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent dignostic testing results, operative and/or pathological reports; •Pertinent gingonstic testing results, operative and/or pathological reports; •Pertinent pignostic testing results, operative and/or pathological reports; •Pertinent pignostic testing results, operative and/or pathological reports; •Pertinent pignostic testing results, operative and/or pathological reports; •Pertinent explansions with the treating practitioner; •Pertinent explansions from other health care practitioners; •Pertinent explansions from other health care practitioners; •Pertinent explansions from other health care practitioners; •Pertinent explansions; •Information evaluations; •Information bate •Pertinent characteristics and information. CMS PMD 7 Element Order 1.Beneficiary's name 2.Face to Face Completion Date The in-person visit (with the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence- is considered to be the completion of the face-to-face, or F2F completion date. The documented the Face to Face evaluation is und include a detailed, narrative note in the patient's evaluation related to the need for the power mobility device 3.Equipment Recommended 4.Diagnosis or conditions related to the need for the power mobility device 5.Length of need 6.Physician's signature The physician's who performed the face-to-face erface mobility examination (ordering physican) must complete and s	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0864	PWR WC GRP 3 XTR HD MX PWR SLNG SEAT PT 601 LB OR GRT	Information generally required to support authorization decision making includes: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent psychosocial history; -Pertinent evaluations from other health care practitioner; -Pertinent evaluations from other alter. Evaluation as appropriate; -Pertinent evaluations from other alter. Evaluation and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence- is considered to be the completion ofter face-to-face or pair completion date. The documented the face to face avaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD. 3Equipment Recommended 4.Diagnosis or conditions related to the need for the power mobility device 3.Length of need 6.Phy	Texas Medicaid Provider Procedures Manual		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0868	PWR WC GRP 4 STD SLING SEAT PT TO AND EQ 300 LBS	Information generally required to support authorization decision making includes: *Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem *Clinical exam; *Pertinent diagnostic testing results, operative and/or pathological reports; *Treatment plan and progress notes; *Pertinent diagnostic testing results, operative and/or pathological reports; *Pertinent adjanostic testing practitiones; *Pertinent explanations with the treating practitioner; *Pertinent explanations more health care practitioner; *Pertinent explanations from other health care practitioner; *Pertinent explanations; *Information evaluations; *Information evaluations are combined to address power mobility algorithm in its entrety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion date. The documented the Face to Face evaluation should include a detailed, narrative note in the patient's medical record. The ecord should include relevant information. Document the decision to prescribe a PMD. 3.Equipment Recommended 4.Diagnosis or conditions related to the need for the power mobility device 5.Length of need 6.Physician's signature The physician signature. Ink or valid electronic	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0869	PWR WC GRP 4 STD CAPTAIN CHAIR PT TO AND EQ 300 LBS	Information generally required to support authorization decision making includes: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical earm; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent explauditors from other health care practitioner; • Pertinent explaints in local delivery system; and • Patient characteristics and information. CMS PMD 7 Element Order 1. Beneficiary's name 2. Face to frace Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence- is considered to be the completed ofter face-to-face, or F27 completion date. The documented the Face to Face evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Documen	Texas Medicaid Provider Procedures Manual		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0870	PWR WC GRP 4 HVY DUTY SLING SEAT PT 301-450 LBS	Information generally required to support authorization decision making includes: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent dignostic testing results, operative and/or pathological reports; • Pretinent glagnostic testing results, operative and/or pathological reports; • Pretinent glagnostic testing results, operative and/or pathological reports; • Pretinent glagnostic testing results, operative and/or pathological reports; • Pretinent dignostic testing results, operative and/or pathological reports; • Pretinent dignostic testing results, operative and/or pathological reports; • Pretinent charactions with the treating practitioner; • Pertinent chars, graphs or photographic information, as appropriate; • Pertinent chars, graphs or photographic information, as appropriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information. CLMS PMD 7 Element Order Letereficiary's name 2. Erace to Face Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion date. The documented the Face to Face evaluation should include a detailed, narrative note in the patient's conditions related to the need for the power mobility device 5. Length of need 6. Physician's signature The physician who performed the face-to-face emobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only - no stamps. 7. Date	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0871	PWR WC GRP 4 V HVY DUTY SLING SEAT PT 451-600 LB	Information generally required to support authorization decision making includes: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; -History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent grant drogress notes; -Pertinent psychosocial history; -Pertinent evaluations from other health care practitioner; -Pertinent evaluations from other health care practitioners; -Pertinent charts, graphs or photographic information, as appropriate; -Rehabilitation evaluations; -Information and consultations with the treating practitioner; -Pertinent charts, graphs or photographic information, as appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information. CMS PMD 7 Element Order LBeneficiary's name 2.Face to Face Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's wisit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2E completion Ata. Equipment Recommended A Diagnosis or conditions related to the need for the power mobility device S.Length of need C.Physician's signature The physician's signature The physician's signature The physician who performed the face-to-face mobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only – on stamps. .Zoate the physician signate the PMD order	Texas Medicaid Provider Procedures Manual		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0877	PWR WC GRP 4 STD 1 PWR SLING SEAT PT TO AND EQ 300 LB	Information generally required to support authorization decision making includes: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem - Clinical exam; - Pertinent dignostic testing results, operative and/or pathological reports; - Treatment plan and progress notes; - Pertinent dignostic testing results, operative and/or pathological reports; - Treatment plan and consultations with the treating practitioner; - Pertinent dignostic testing strong the treatment plan and consultations with the treating practitioner; - Pertinent evaluations from other health care practitioners; and providers; - Pertinent characteristics and information, as appropriate; - Rehabilitation evaluations; - Information regarding the local delivery system; and - Patient characteristics and information. CLMS PMD 7 Element Order L Beneficiary's name 2 Erace to Face Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence- is considered to be the completion of the face-to-face, or 2F2 completion date. The documented the Face to Face evaluation is nucleical, narrative note in the patient's relation relation relation to rescribe a PMD. 3 Equipment Recommended 4 Abignositos related to the need for the power mobility device 5 Length of need 6 Physician's signature The physician's signature The physician's signature The physician's why operformed the face-to-face are oblice valuation (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only - no stamps. 7 Date the physician's signature	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0878	PWR WC GRP 4 STD 1 PWR CAPT CHAIR PT TO AND EQ 300 LB	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Hinformation and consultations with the treating practitioner; •Pertinent testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent testing results, operative and providers; •Pertinent testing results, operative and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information. CMS PMD 7 Element Order Liseneficianty's name 2 Face to face Completion Date 2 Face to face Completion of the face-to-face, or PZF completion 4 starts The in-person with (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or PZF completion Ata: the adate of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or PZF completion Ata: Bequiptionent Recommended A Diagnosis or conditions related to the need for the power mobility device S Length of need 6 Physician' signature The physician who performed	Texas Medicaid Provider Procedures Manual		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0879	PWR WC GRP 4 HD 1 PWR SLING SEAT PT 301-450 LBS	Information generally required to support authorization decision making includes: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent dignostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent dignostic testing results, operative and/or pathological reports; -Treatment plan and consultations with the treating practitioner; -Pertinent dignostic testing results, operative and/or pathological reports; -Pertinent dignostic testing results, operative and/or pathological reports; -Pertinent dignostic testing practitions with the treating practitioner; -Pertinent disclargents from other health care practitioners; -Pertinent disclargents from other health care practitioners; -Pertinent charts, graphs or photographic information, as appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information. CMS PMD 7 Element Order L.Beneficiary's name Z.Face to Face Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion date. The documented the Face to Face evaluation should include a detailed, narrative note in the patient's evaluation related to the need for the power mobility device -Linguinent Recommended -Diagnosis related to the need for the power mobility device -Linguinent Recommended -Diagnosis or conditions related to the end for the power mobility device -Linguinent deviced the physician's ignature -In endical	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0880	PWR WC GRP 4 V HD 1 PWR SLING SEAT PT 451-600 LB	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent synchosical history; •Information and consultations with the treating practitioner; •Pertinent chaladons from other health care practitioners; •Pertinent chaladons from other health care practitioners; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation valuations; •Information acquarding the local delivery system; and •Patient characteristics and information. CMS PMD 7 Element Order Laeneficiary's name 2.Face to Face Completion Date The in-person visit, (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation should include a detailed, narrative note in the spatient's medical record. The record should include relevant information. Document the decision to prescribe a PMD. 3.Equipment Recommended 4.Diagnosis or conditions related to the need for the power mobility device 5.Length of need 6.Physician's signature The physician who performed the face-to-face mobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only – no stamps. 7.Date the physician signed the PMD order	Texas Medicaid Provider Procedures Manual		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0884	SEAT PT TO AND EQ 300 LB	Information generally required to support authorization decision making includes: -Current (up to 6 months), adequate pattern history related to the requested services such as: office and hospital records; +Listory of the presenting problem -Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent organ and progress notes; •Pertinent organ and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent chars, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information evaluation formation. CMS PMD 7 Element Order 1.Beneficiary's name 2.Face to Face Completion Date The in-person visit (with the physiciani a the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion date. The documented the Face to Face evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD. 3.Equipment Recommended 4.Diagnosi	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0885		Information generally required to support authorization decision making includes: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical earn; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pertinent psychosocial history; • Pertinent psychosocial history; • Pertinent evaluations from other health care practitioner; • Pertinent chars, graphs or photographic information, as appropriate; • Rehabilitation evaluations; • Information and congress and information. CMS PMD 7 Element Order 1. Beneficiary's name 2. Face to Face Completion Date The in-person will (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion date. The documented the face to face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion date. The documented the face to face evaluation, and related in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD. 3 Equipment Recommended 4 Diagnosis or conditions related to the need for the power mobility device 3 Length of need 6 Dhysician's signature. The physician signature t	Texas Medicaid Provider Procedures Manual		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0886	PWR WC GRP 4 HD MX PWR SLING SEAT PT 301-450 LBS	Information generally required to support authorization decision making includes: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; =Pertinent diagnostic testing results, operative and/or pathological reports; =Treatment plan and progress notes; =Pertinent diagnostic testing results, operative and/or pathological reports; =Treatment plan and progress notes; =Pertinent associal history; =Pertinent evaluations from other health care practitioner; =Pertinent tars, graphs or photographic information, as appropriate; =Pertinent characteristics and information. =Pertinent characteristics and information. CMS PMD 7 Element Order 1.Beneficiary's name 2.Face to Face Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face. or F2F completion date. The documented the Face to Face to Face evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the dace to Face to Face evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the dace is no prescribe a PMD. 3.Equipment Recommended 4.Diagnosis or conditions related to the need for the power mobility device 5.Length of need 6.Physician's signature The physician signature. Ink or valid electronic signatures only - no stamps. Date the physician signate the PMD order	Texas Medicaid Provider Procedures Manual		2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0890	PWR WC GRP 5 PED 1 PWR SLING SEAT PT TO AND EQ 125 LB	Information generally required to support authorization decision making includes: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical earny: -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent and progress notes; -Pertinent audiations with the treating practitioner; -Pertinent characteristics and providers; -Pertinent characteristics and information, as appropriate; -Rehabilitation evaluations; +Information and consultations with the treating practitioner; -Pertinent characteristics and information, as appropriate; -Rehabilitation evaluations; +Information regarding the local delivery system; and -Patient characteristics and information. CMS PMD 7 Element Order Laeneficiary's name 2.Face to Face Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence- is considered to be the completion of the face-to-face, or F2F completion date. The documented the face to face evaluation is should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD. 3.Equipment Recommended 4.Diagnosis or conditions related to the need for the power mobility device 5.Length of need 6.Physician's signature The physician's signature The physician's signature The physician's signature The physician's signature. Ink or valid electronic signatures only – no stamps. 7.Date the physician signed the PMD order	Texas Medicaid Provider Procedures Manual		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0891	PWR WC GRP 5 PED MX PWR SLNG SEAT PT TO AND EQ 125 LB	 Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Pretinent psychosoial history; Information and consultations with the treating practitioner; Pertinent characteristics and instance; Pertinent characteristics and information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information. CMS PMD 7 Element Order Liseneficiary's name Z-face to Face Completion Date The in-preson visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The re-sults of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence-is considered to be the completion of the face-to-face, or F2C completion dots. The rise resons of the record should include relevant information. Document the decision to prescribe a PMD. Equipment Recommended Apagonsis or conditions related to the new mobility evaluation (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures on complete and sign with a valid signature. Ink or valid electronic signatures on complete and sign with a valid signature. Ink or valid electronic signatures on complete and sign with a valid signature. Ink or valid electronic signatures only on y and stamps. 	Texas Medicaid Provider Procedures Manual	2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	to 9/1/2019 K0900	CUSTOMIZED DME OTHER THAN WHEELCHAIR	Z. Date the physician signed the PMD order Information generally required to support authorization decision making includes: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; -History of the presenting problem -Clinical exam; -Pertinent clignostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent tigs/hosocial history; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent evaluations from other health care paratitioner, as porpriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and -Pertinent care from other Linemeticary's name 2. Face to face Completion Date The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's visit, or the date of the physician's visit, or the date of the physician's using arburgation is physician's singuree either of the face-to-face, or Face examination.	Texas Medicaid Provider Procedures Manual	2/21/2024
Durable Medical Equipment (DME)	4/1/2020	K1004	LOW FREQ US DIATHERMY	Abaption of the condition of the formed of the conditional intervention of the conditional interventional intervention of the conditional intervention of the conditing intervention of the conditional intervention of t	Third Party Proprietary Criteria	2/21/2024
		K1004	TREATMENT DVC FOR HOME USE	-Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; -History of the presenting problem -Clinical earm; -Pertinent testing results, operative and/or pathological reports; -Pretinent gagnostic testing results, operative and/or pathological reports; -Pretinent gagnostic testing results, operative and/or pathological reports; -Pretinent evaluations from other health care practitioner; -Pertinent evaluations from other health care practitioner; -Pertinent revaluations from other health care practitioner; -Pertinent chards; graphs or photographic information, as appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and -Patient chards; fraghts or photographic information, as appropriate; -Rehabilitation CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 6. The date of the coder		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	10/1/2022	K1027	F MCH HNG CSTM FAB	Information generally required to support authorization decision making includes: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent pathon and progress notes; +Pertinent pathon and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioner; +Pertinent examples from other health care practitioner; +Pertinent examples from other health care practitioner; +Pertinent examples from other health care practitioner; +Pertinent characteristics and information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner; 4. Signature of the prescribing physician/practitioner;	Third Party Proprietary Criteria		2/21/2024
Durable Medical Equipment (DME)	4/1/2020	L2006	KAF DVC ANY MATERIAL	5. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 6. The date of the order Information generally required to support authorization decision making includes:	Third Party Proprietary Criteria		2/21/2024
Durable Medical Equipment (DME)	4/1/2020	19023		History of the presenting problem Clinical earny; Pertinent diagnostic testing results, operative and/or pathological reports; Pertinent plan and progress notes; Pertinent phonod progress notes; Pertinent phonod not consultations with the treating practitioner; Pertinent characteristics and consultations with the reating practitioner; Pertinent characteristics and information, as appropriate; Pertinent characteristics and information. CMS DME 6 Element Order . Beneficiary's name 2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name,/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Secretions obscilas/screattiones/ tractionase (destifier / MD) Formation generally required to support authorization desting in making includes:	Tours Medicaid Desuides Deservices Manual		2/01/0024
Durable Medical Equipment (DME)	4/1/2020	18033	ANY MATL ANY T EA	Information generally required to support authorization decision maning includes: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical earn; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Pertinent psychosocial history; +Pertinent evaluations from other health care practitioner; +Pertinent evaluations from other health care practitioner; +Pertinent charst, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Guantity 4. Signature of the prescribing physician/practitioner	Texas Medicaid Provider Procedures Manual		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Durable Medical Equipment (DME)	7/1/2023	18678	ELECTRICAL STIM SUP EXT USE W/I NEUROSTIM PER MO	Information generally required to support authorization decision making includes: • Current (up to 6 monthc), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pretinent gian and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent charls, graphs or photographic information, as appropriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient charts, and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner	Texas Medicaid Provider Procedures Manual	2/21/2024
Durable Medical Equipment (DME)	7/1/2020	Q0480	DRIVER FOR USE WITH PNEUMATIC		Third Party Proprietary Criteria	2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	S1034	ARTIF PANCREAS DEVC SYS THAT CMNCT W ALL DEVC		Texas Medicaid Provider Procedures Manual	2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	\$1035	SENSOR; INVASV DSPBL USE ARTIF PANCREAS DEVC SYS	Second s	Texas Medicaid Provider Procedures Manual	2/21/2024

Service Category Notes	Effective Date	Code Definition	Documentation Requirements	Criteria Utilized	Notes Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	S1036 TRANSMITTER; EXT USE W ARTIF PANCREAS DEVC SYS	Information generally required to support authorization decision making includes: •Current (up to 6 months) adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical seam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Prestment plan and progress notes; •Pertinent psychosocial histor; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioner; •Pertinent chards, graphs or photographic information, as appropriate; •Pertinent chards, graphs or photographic information, as appropriate; •Patient chards, graphs or photographic approximation, and approximation; •Patient chards, graphs or photographic, and provides; •Patient chards, graphs, and photographic, and provides; •Patient chards, graphs, and photographic, and photographic, and photographic, and photographic, and photographic, and phot	Texas Medicaid Provider Procedures Manual	2/21/2024
Durable Medical Equipment (DME)	Prior to 9/1/2019	S1037 RECEIVER; EXTERNAL USE W ARTIF PANCREAS DEVC SYS	E Descerbing physician (exactitional Castilianal Reactitioner Identifier (NDI)	Texas Medicaid Provider Procedures Manual	2/21/2024
Durable Medical Equipment (DME)	7/1/2024	S5165 HOME MODIFICATIONS; PER SERVICE	Proceedings and a set of the	Texas Medicaid Provider Procedures Manual	9/11/2024
Experimental and Investigational	Prior to 9/1/2019	0101T EXTRCORPL SHOCK WAVE MUSCSKELE NOS HIGH ENERGY	Second a discription of the second and the second	Texas Medicaid Provider Procedures Manual	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Experimental and Investigational	10/1/2020	0206U	NEURO ALZHEIMER CELL AGGREGJ	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history: •Information and consultations with the treating practitioner; •Pertinent chalks or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/2024
Experimental and Investigational	10/1/2020	0207U	NEURO ALZHEIMER QUAN IMAGING	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chalsions from other health care practitioners and providers; •Pertinent chars, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/2024
Experimental and Investigational	Prior to 9/1/2019	0214T	NJX DX THER PARAVER FCT JT W US CER THOR 2ND LVL	Information generally required to support authorization decision making includes, but not limited to: *Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; *History of the presenting problem Clinical seam; *Pertinent diagnostic testing results, operative and/or pathological reports; *Pertinent psychosocial history; *Pertinent psychosocial history; *Information and consultations with the treating practitioner; *Pertinent characts, graphs or photographic information, as appropriate; *Rehabilitation regarding the local delivery system; and *Patient characteristics and information.	Molina Clinical Policy: Facet Joint / MBB Diagnostic Injections for Chronic Spinal Pain	2/21/2024
Experimental and Investigational	Prior to 9/1/2019	0215T	NJX PARAVERTBRL FACET JT W US CER THOR 3RD AND OVER LVL	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history: =Pertinent psychosocial history: =Information and consultations with the treating practitioner; =Pertinent evaluations from other health care practitioners and providers; =Pertinent charls, graphs or photographic information, as appropriate; =Rehabilitation evaluations; =Information regarding the local delivery system; and =Patient characteristics and information.	Molina Clinical Policy: Facet Joint / MBB Diagnostic Injections for Chronic Spinal Pain	2/21/2024
Experimental and Investigational	Prior to 9/1/2019	0216T	NJX DX THER PARAVER FCT JT W US LUMB SAC 1 LVL	Information generally required to support authorization decision making includes, but not limited to: *Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; *History of the presenting problem *Clinical exam; *Pertinent diagnostic testing results, operative and/or pathological reports; *Pertinent psychosocial history; *Pertinent psychosocial history; *Pertinent evaluations from other health care practitioner; *Pertinent caluations from other health care practitioners; *Pertinent caluations; *Information regarding the local delivery system; and *Patient characteristics and information.	Molina Clinical Policy: Facet Joint / MBB Diagnostic Injections for Chronic Spinal Pain	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Experimental and Investigational	Prior to 9/1/2019	0217T	NJX DX THER PARAVER FCT JT W US LUMB SAC LVL 2	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent thats, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Facet Joint / MBB Diagnostic Injections for Chronic Spinal Pain	2/21/202
Experimental and Investigational	Prior to 9/1/2019	0218T	NIX PARAVERTBRL FCT JT W US LUMB SAC 3RD AND OVER LVL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Facet Joint / MBB Diagnostic Injections for Chronic Spinal Pain	2/21/202
Experimental and Investigational	Prior to 9/1/2019	0274T	PERC LAMINO- LAMINECTOMY IMAGE GUIDE CERV THORAC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/202
Experimental and Investigational	Prior to 9/1/2019	0275T	PERC LAMINO- LAMINECTOMY INDIR IMAG GUIDE LUMBAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent generation and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitiones and providers; •Pertinent evaluations from other health care practitiones; and providers; •Pertinent evaluations from other health care practitiones; •Pertinent revaluations from other health care practitiones; •Pertinent evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/202
Experimental and Investigational	Prior to 9/1/2019	0278T	TRNSCUT ELECT MODIATION PAIN REPROCES EA TX SESS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations for other health care practitioners and providers; •Pertinent evaluations for other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/20:

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Experimental and Investigational	Prior to 9/1/2019	0362T	BEHAVIOR ID SUPPORT ASSMT EA MIN TECH TIME	15 Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •Ilistory of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent synchrosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations mon other health care practitioners; •Pertinent evaluation subject in or hotographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/2024
Experimental and Investigational	Prior to 9/1/2019	0402T	COLLAGEN CROSS-LINKING OF CORNEA MED SEPARATE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/2024
Experimental and Investigational	Prior to 9/1/2019	0479T	FRACTIONAL ABL LSR FENESTRATION FIRST 100 SQCM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent paychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Achabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/2024
Experimental and Investigational	Prior to 9/1/2019	0483T	TMVI W PROSTHETIC VALVE PERCUTANEOUS APPROACH	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent paychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/2024
Experimental and Investigational	Prior to 9/1/2019	0484T	TMVI W PROSTHETIC VALVE TRANSTHORACIC EXPOSURE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +Vistory of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent paychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charks, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Experimental and Investigational	Prior to 9/1/2019	0488T	DIABETES PREV ONLINE ELECTRONIC PRGRM PR 30 DAYS	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent paychosocial history; -Information and progress notes; -Pertinent evaluations from other health care practitioner; -Pertinent evaluations from other health care practitioners; -Pertinent evaluations from other health care practitioners; -Pertinent evaluations; -Pertinent evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/2024
Experimental and Investigational	4/1/2020	0565T	AUTOL CELL IMPLT ADPS TISS HRVG CELL IMPLT CRTJ	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent paychosocial history; •Information and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/2024
Experimental and Investigational	4/1/2020	0566T	AUTOL CELL IMPLT ADPS TISS NJX IMPLT KNEE UNI	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/2024
Experimental and Investigational	4/1/2020	0569T	TTVR PERCUTANEOUS APPROACH INITIAL PROSTHESIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Pertinent evaluations with the treating practitioner; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/2024
Experimental and Investigational	4/1/2020	0570T	TVR PERCUTANEOUS APPROACH EACH ADDL PROSTHESIS	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent plan and progress notes; -Pertinent plan and consultations with the treating practitioner; +Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent charts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; -Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/2024

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

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Experimental and Investigational	1/1/2023	0770T	VIRTUAL REALITY TECHNOLOGY TO ASSIST THERAPY	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem =Clinical earns =Pertinent diagnostic testing results, operative and/or pathological reports; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pertinent psychosocial history; =Pertinent psychosocial history; =Information and consultations with the treating practitioner; =Pertinent chards, graphs or photographic information, as appropriate; =Rehabilitation evaluations; =Information regarding the local delivery system; and =Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/21/2024
Experimental and Investigational	1/1/2023		1ST 15 MIN SYR/>	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Pertinent psychosocial history; +Pertinent evaluations with the treating practitioner; +Pertinent evaluations from other health care practitioners; and providers; +Pertinent charts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/21/2024
Experimental and Investigational	1/1/2023	0772T	VR PX DISSOC SVC SAME PHYS/QHP EA ADDL 15 MIN	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent plan and progress notes; +Pertinent plan and consultations with the treating practitioner; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent charts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/21/2024
Experimental and Investigational	1/1/2023	0773T	VR PX DISSOC SVC OTH PHYS/QHP 1ST 15 MIN 5YR/>	Information generally required to support authorization decision making includes, but not limited to: =Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem =Clinical exam; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pertinent plan and progress notes; =Pertinent plan and consultations with the treating practitioner; =Information and consultations with the treating practitioner; =Pertinent evaluations from other health care practitioners and providers; =Pertinent examples or photographic information, as appropriate; =Rehabilitation evaluations; =Information regarding the local delivery system; and =Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/21/2024
Experimental and Investigational	1/1/2023	0774T	VR PX DISSOC SVC OTHER PHYS/QHP EA ADDL 15 MIN	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent plan and progress notes; +Pertinent plan and consultations with the treating practitioner; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent tarks, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Experimental and Investigational	1/1/2023	0776T	THERAPEUTIC INDUCTION OF INTR, BRAIN HYPOTHERMIA	 Information generally required to support authorization decision making includes, but not limited to: urrent (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent provide the reality of the reality practitioner; Pertinent charls, graphs or photographic information, as appropriate; Rehabilitation regarding the local delivery system; and Patient characteristics and information. 	Texas Medicaid Provider Procedures Manual	2/21/2024
Experimental and Investigational	1/1/2023	0777T	R-T PRESSURE SENSING EPIDURAL GUIDANCE SYSTEM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent nerding evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/2024
Experimental and Investigational	1/1/2023	0778T	SMMG CNCRNT APPL IMU SNR MEAS ROM POST GAIT MUSC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent negative revealues; •Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/2024
Experimental and Investigational	1/1/2023	0779T	GI MYOELECTRICAL ACTIVITY STUD STMCH-COLON I&R	Information generally required to support authorization decision making includes, but not limited to:	Texas Medicaid Provider Procedures Manual	2/21/2024
Experimental and Investigational	1/1/2023	0781T	BRNCHSC RF DSTRJ PULM NRV BI MAINSTEM BRONCHI	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretrinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners; •Pertinent netrals, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Experimental and Investigational	1/1/2023	0782T	BRNCHSC RF DSTRJ PULM NRV UNI MAINSTEM BRONCHUS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Cilinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent paschard progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from the host host care practitioners and providers; •Pertinent evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/2024
Experimental and Investigational	10/1/2023	0793T	PERQ TCAT THRM ABLTJ NERVES INNERVATING P-ART	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent paychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent nervalues; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024
Experimental and Investigational	10/1/2023	0794T	PT SPEC ALG RANKING PHARMACOONCOLOGIC TX OPTIONS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024
Experimental and Investigational	10/1/2023	0795T	TCAT INSI PERM DUAL CHAMBER LDLS PM COMPL SYS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent careful evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024
Experimental and Investigational	10/1/2023	0796T	TCAT INSJ PERM 2CHMBR LDLS PM ATR PM COMPNT D	R Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Experimental and Investigational	10/1/2023	0797T	TCAT INSJ PERM 2CHMBR LDLS PM F VENTR PM COMPNT	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent teaduations from other health care practitioners and providers; +Pertinent evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024
Experimental and Investigational	10/1/2023	0798T	TCAT RMVL PERM DUAL CHAMBER LDLS PM COMPL SYS	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical earns; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history; =Information and consultations with the treating practitioner; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations mother health care practitioners and providers; +Pertinent revaluations regarding the local delivery system; and +Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024
Experimental and Investigational	10/1/2023	0799T	TCAT RMVL PERM 2CHMBR LDLS PM R ATR PM COMPNT	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent revaluations from other health care practitioners and providers; +Pertinent treatures protographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024
Experimental and Investigational	10/1/2023	0800T	TCAT RMVL PERM 2CHMBR LDLS PM R VENTR PM COMPNT	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent plan and progress notes; +Pertinent parand consultations with the treating practitioner; +Information and consultations with the treating practitioner; +Pertinent textualitions from other health care practitioners and providers; +Pertinent textualitions from other health care practitioners and providers; +Pertinent charts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024
Experimental and Investigational	10/1/2023	0801T	TCAT RMVL&RPLCMT PERM 2CHMBR LDLS PM 2CHMBR SYS	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertiment dignostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertiment dignostic testing process notes; +Pertiment dignostic testing practitioner; +Information and consultations with the treating practitioner; +Pertiment evaluations from other health care practitioners and providers; +Pertiment extra.st, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Experimental and Investigational	10/1/2023	0802T	TCAT RMVL&RPLCMT PERM 2CHMBR LDLS PM R ATR CMPNT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pain and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent torals, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024
Experimental and Investigational	10/1/2023	0803T	TCAT RMVL&RPLCMT PRM 2CHMBF LDLS PM R VNTR CMPNT	 Information generally required to support authorization decision making includes, but not limited to: Ourrent (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical easi Pertinent diagnostic testing results, operative and/or pathological reports; Pretrinent process notes; Pertinent evaluations from other health care practitioner; Pertinent evaluations from other health care practitioner; Pertinent evaluations from other health care practitioner, appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information. 	Additional information is required to define this code and determine criteria.	2/21/2024
Experimental and Investigational	10/1/2023	0805T	TCAT SUPR&IVC PROSTC VLV IMPLT PERQ FEM VN APPR D	J Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; •Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Pertinent net availables or hotographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024
Experimental and Investigational	10/1/2023	0806T	TCAT SUPR&IVC PROSTC VLV IMPLT OPEN FEM VN APPR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent tors, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024
Experimental and Investigational	10/1/2024	0868T	GASTRIC EP MAPG SIMULT PT SX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent totals, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Experimental and Investigational	4/1/2020	34717	EVASC RPR ILAC ART BIFUR ENDGRFT CATHJ RS AND I UNI	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Cinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent exaluations from other health care practitioners and providers; +Pertinent exaluations from other health care practitioners and providers; +Pertinent exaluations from other health care practitioners and providers; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/2024
Experimental and Investigational	1/1/2023	43290	ESPHGGSTRDUDNSCPY, FLXIBL, TRNSORAL; WITH DPLYMNT OF INTRGASTRIC BARIATRIC BALLON	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical earny +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent diagnostic testing resords; +Pertinent psychosocial history; +Information and progress notes; +Pertinent revaluations from other health care practitioner; +Pertinent revaluations from other health care practitioners; +Pertinent charls, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/2024
Experimental and Investigational	4/1/2020	46948	LIGATION HEMORRHOID BUNDLE W US	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent paychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent charts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and Information.	Texas Medicaid Provider Procedures Manual	2/21/2024
Experimental and Investigational	1/1/2021	93895	CAROTID INTIMA MEDIA & CAROTIC ATHEROMA EVAL BI	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent thats, graphs or photographic information, as appropriate; +Rehabilitation evaluations; Information negarding the local delivery system; and +Patient characteristics and information	Molina Clinical Policy: Measurement of Carotid Intima-Media Thickness for Prediction of Clinical Vascular Events.	2/21/2024
Experimental and Investigational	Prior to 9/1/2019	95803	ACTIGRAPHY TESTING RECORDING ANALYSIS I AND R	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent dignostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent dignostic testing matching practitioner; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent extrast, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Experimental and Investigational	Prior to 9/1/2019	A4563	RECTAL CNTRL SYS VAG INSRT LT USE ANY TYPE EA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pertinent plan and progress notes; =Pertinent psychosocial history; =Information and consultations with the treating practitioner; =Pertinent evaluations from other health care practitioners and providers; =Pertinent evaluations from other health care practitioners and providers; =Pertinent evaluations; =Information regarding the local delivery system; and =Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/2024
Experimental and Investigational	7/1/2022	C9782	BLD PROC NYHA CLS II/III HF/CCS CLS III/IV CRA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history: •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations rom other health care practitioners and providers; •Pertinent correspondent evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/2024
Experimental and Investigational	10/1/2023	C9784	ENDO SLEEVE GASTRO W/TUBE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations row other health care practitioners and providers; •Pertinent overlations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024
Experimental and Investigational	10/1/2023	C9785	ENDO OUTLET RESTRICT W/TUBE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent nevaluations regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024
Experimental and Investigational	7/1/2023	E1905	VIRTUAL REALITY CBT INCLUDING F TX SOFTWARE	 pinformation generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioner; Pertinent and, signatics or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information. 	Molina Clinical Policy: Prescription Digital Therapeutics	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Experimental and Investigational	1/1/2021	K1007	BIL HKAFO DEVC PWR INCL PELV COMP UP KNEE JOINTS	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent revaluations from other health care practitioners and providers; •Pertinent tevaluations from other health care practitioners and providers; •Pertinent revaluations from other health care practitioners and providers; •Pertinent revaluations; •Information negarding the local delivery system; and •Patient characteristics and information	Texas Medicaid Provider Procedures Manual	2/21/2024
Experimental and Investigational	Prior to 9/1/2019	L8608	MISC EXT COMP SPL ACSS FOR ARGUS II RET PROS SYS	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent ganostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent traits, graphs or photographic information, as appropriate; +Rehabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	0005U	ONCO PRST8 GENE XPRS PRFL 3 GENE UR ALG RSK SCOR	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations from other health care practitioners and providers; +Pertinent nevaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	0006M	ONCOLOGY HEP MRNA 161 GENES RISK CLASSIFIER	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent psychosocial history; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent revaluations from other health care practitioners; +Pertinent treatules on ther health care practitioners; +Pertinent revaluations (; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and Information.	Molina Clinical Policy: Genetic Testing	2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	0007M	ONCOLOGY GASTRO 51 GENES NOMOGRAM DISEASE INDEX	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent plan and progress notes; +Pertinent pan and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent chards, graphs or photographic information, as appropriate; +Rehabilitation evaluations; Information negarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Genetic Counseling and Testing	Prior to 9/1/2019	0009M	FETAL ANEUPLOIDY 21 18 SEQ ANALY TRISOM RISK	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	0009U	ONC BRST CA ERBB2 COPY NUMBER FISH AMP NONAMP	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pretinent psychosocial history; =Information and progress notes; =Pertinent evaluations from other health care practitioner; =Pertinent evaluations from other health care practitioners and providers; =Pertinent evaluations from other health care practitioners and providers; =Pertinent realuations from other health care practitioners and providers; =Pertinent realuations for hospital information, as appropriate; =Rehabilitation evaluations; =Information regarding the local delivery system; and =Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/21/2024
Genetic Counseling and Testing	10/1/2019	0022U	TRGT GEN SEQ ALYS NONSM LNG NEO DNA AND RNA 23 GENES	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history; Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Pertinent charts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	0037U	TRGT GEN SEQ ALYS SLD ORGN NEO DNA 324 GENES	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent charls, graphs or photographic information, as appropriate; +Rehabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	0057U	ONC SLD ORG NEO MRNA 51 GENES ALG NML PCT RANK	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history; Information and consultations with the treating practitioner; +Pertinent exats, graphs or photographic information, as appropriate; +Pertinent exats, graphs or photographic information, as appropriate; +Rehabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Genetic Counseling and Testing	10/1/2020	0070U	CYP2D6 GENE ANALYSIS COMMON AND SELECT RARE VRNTS	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent evaluations from other health care practitioners and providers; -Pertinent nerving or other health care practitioners; -Pertinent nerving of the local delivery system; and -Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/21/2024
Genetic Counseling and Testing	4/1/2020	0140U	NFCT DS FUNGAL PATHOGEN ID DNA 15 FUNGAL TARGETS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent revaluations for other health care practitioners and providers; •Pertinent nevaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/21/2024
Genetic Counseling and Testing	4/1/2020	0152U	NFCT DS MCRB CLL FR DNA UNTRGT NEXT GENRJ SEQ	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/21/2024
Genetic Counseling and Testing	4/1/2020	0153U	ONC BREAST MRNA 101 GENES	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Preatment plan and progress notes; -Pertinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent evaluations from other health care practitioners and providers; -Pertinent revaluations from other health care practitioners and providers; -Pertinent nevaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/21/2024
Genetic Counseling and Testing	4/1/2020	0154U	ONC UROTHELIAL CANCER RNA RT- PCR FGFR3 GENE ALYS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Genetic Counseling and Testing	4/1/2020	0155U	ONC BRST CA DNA PIK3CA GENE ALYS BRST TUM TISS	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical earny: Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Pertinent psychosocial history; +Pertinent evaluations from other health care practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent charts, graphs or photographic information, as appropriate; *Rehabilitation regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/21/2024
Genetic Counseling and Testing	7/1/2020	0172U	ONC SLD TUM SOMATIC MUT ALYS BRCA1 BRCA2 ALG	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical earny •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent revaluations from other health care practitioners and providers; •Pertinent revaluations from other health care practitioners and providers; •Pertinent revaluations; •Pertinent revaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/21/2024
Genetic Counseling and Testing	7/1/2020	0173U	PSYCHIATRY GEN ALYS PNL W/VARIANT ALYS 14 GENES	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent diagnostic testing results, operative and/or pathological reports; +Pretinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent revaluations from other health care practitioners and providers; +Pertinent tevaluations from other health care practitioners and providers; +Pertinent revaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Genetic Counseling and Testing	7/1/2020	0174U	ONC SOLID TUM MASS SPECTROMETRIC 30 PROTEIN TRGT	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent genostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent revaluations from other health care practitioners and providers; +Pertinent tevaluations from other health care practitioners and propriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/21/2024
Genetic Counseling and Testing	7/1/2020	0175U	PSYCHIATRY GEN ALYS PNL W/VARIANT ALYS 15 GENES	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent diagnostic testing results, operative and/or pathological reports; +Pretinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent revaluations from other health care practitioners and providers; +Pertinent tevaluations from other health care practitioners and providers; +Pertinent revaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Genetic Counseling and Testing	7/1/2020	0179U	ONC NONSM CLL ING CA CELL FREE DNA ALYS 23 GEN	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent diagnostic testing results, operative and/or pathological reports; +Pretinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent revaluations from other health care practitioners and providers; +Pertinent charts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/21/2024
Genetic Counseling and Testing	7/1/2020	0184U	DO GNOTYP GENE ANALYSIS ART4 EXON 2	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; =Information and consultations with the treating practitioner; +Pertinent revaluations from other health care practitioners and providers; =Pertinent tevaluations right or hotographic information, as appropriate; =Rehabilitation evaluations; =Information regarding the local delivery system; and =Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/21/2024
Genetic Counseling and Testing	7/1/2020	0196U	LU GNOTYP GENE ANALYSIS BCAM EXON 3	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent genostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations; +Rehabilitation evaluations; information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/21/2024
Genetic Counseling and Testing	10/1/2020	0209U	CYTOG CONST ALYS INTERROG	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical examples of the presenting problem -Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent generation and progress notes; -Pertinent psychosocial history; Information and consultations with the treating practitioner; -Pertinent revaluations from other health care practitioners; -Pertinent revaluations from other health care practitioners; -Pertinent cards, graphs or photographic information, as appropriate; -Rehabilitation evaluations; Information regarding the local delivery system; and -Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Genetic Counseling and Testing	10/1/2020	0215U	RARE DS XOM DNA ALYS EA COMP	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent gan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent testing or photographic information, as appropriate; •Rehabilitation evaluations; •Information negarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Genetic Counseling and Testing	10/1/2020	0216U	NEURO INH ATAXIA DNA 12 COM	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Hoffmation and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information evaluations; •Information evaluations; •Information evaluations.	Molina Clinical Policy: Genetic Testing	2/21/2024
Genetic Counseling and Testing	10/1/2020	0217U	NEURO INH ATAXIA DNA 51 GENE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations; •Pertinent evaluations; •Pertinent evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/21/2024
Genetic Counseling and Testing	10/1/2020	0218U	NEURO MUSC DYS DMD SEQ ALYS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent genometry of the presenting problem •Information and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent nevaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Genetic Counseling and Testing	1/1/2021	0239U	TRGT GEN SEQ ALYS SLD ORGN NEO CLL-FR DNA 311 Plus	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent revaluations regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/21/2024
Genetic Counseling and Testing	4/1/2024	0345U	PSYC GENOMIC ALYS PANEL VARIANT ALYS 15 GENES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent traits, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	5/29/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Genetic Counseling and Testing	10/1/2023	0387U	ONC MLNMA AMBRA1&LORICRIN IMHCHEM FFPE TISS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent agnostic strong results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent exaluations from other health care practitioners and providers; •Pertinent exaluations from other health care practitioners and providers; •Pertinent exaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024
Genetic Counseling and Testing	10/1/2023	0388U	ONC NONSM CLL LNG CA NXT GNRJ SEQ 37 CA RLTD GEN	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history: •Information and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations for other health care practitioner; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024
Genetic Counseling and Testing	10/1/2023	0389U	PED FEBRILE ILNES KAWASAKI DS IFI27&MCEP1 RNA	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; =Information and consultations with the treating practitioner; =Pertinent evaluations from other health care practitioners; =Pertinent evaluations from other health care practitioners; =Pertinent evaluations; =Rehabilitation evaluations; =Information regarding the local delivery system; and =Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024
Genetic Counseling and Testing	10/1/2023	0390U	OB PREECLAMPSIA KDR ENDOGLIN&RBP4 IA SRM ALG	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent thats, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information negarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024
Genetic Counseling and Testing	10/1/2023	0391U	OB PREECLAMPSIA KDR ENDOGLIN&RBP4 IA SRM ALG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Pertinent evaluations from other health care practitioner; •Pertinent characts, graphs or photographic information, as appropriate; •Pertinent characteristics and lelivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Note	Date of Annual Review
Genetic Counseling and Testing	10/1/2023	0392U	RX METAB GEN-RX IA VRNT ALYS 16 GENES CYP2D6	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent chards, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024
Genetic Counseling and Testing	10/1/2023	0393U	NEURO PRKNSN CSF DETCJ MSFLD A SYNCLN PRTN QUAL	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical earns; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent chaladisons from other health care practitioners; +Pertinent chals, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024
Genetic Counseling and Testing	10/1/2023	0394U	PFAS 16 PFAS COMPND LC M5/MS PLSM/SRM QUAN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chals, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024
Genetic Counseling and Testing	10/1/2023	0395U	ONC LUNG MULTIOMICS PLASMA ALG MAL RISK LNG NDUL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent traits, graphs or photographic information, as appropriate; *Rehabilitation evaluations; •Information negarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024
Genetic Counseling and Testing	10/1/2023	0398U	GI BARRETT ESOPH DNA MTHYLTN ALYS ALG DYSP/CA	Information generally required to support authorization decision making includes, but not limited to: *Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; *History of the presenting problem *Clinical exam; *Pertinent diagnostic testing results, operative and/or pathological reports; *Pertinent plan and progress notes; *Pertinent plan and consultations with the treating practitioner; einformation and consultations with the treating practitioner; *Pertinent evaluations from other health care practitioners and providers; *Pertinent charts, graphs or photographic information, as appropriate; *Information regarding the local delivery system; and *Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Genetic Counseling and Testing	10/1/2023	0399U	U NEURO CEREBRAL FOLATE DEFICIENCY SERUM QUAN	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent psychosocial history; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent tealistic nor ther health care practitioners and providers; +Pertinent realuations from other health care practitioners and providers; +Pertinent realuations from other health care practitioners and providers; +Pertinent charts, graphs or photographic information, as appropriate; *Achabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024
Genetic Counseling and Testing	10/1/2023	0400U	OB XPND CAR SCR 145 GEN NXT GNRJ SEQ FRAG ALYS	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history; •Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations regarding the local delivery system; and +Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024
Genetic Counseling and Testing	10/1/2023	0401U	CRD C HRT DS 9 GEN 12 VRNTS TRG VRNT GNOTYP ALG	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024
Genetic Counseling and Testing	10/1/2023	0403U	ONC PROSTATE MRNA GENE XPRSN PRFLG 18 URINE ALG	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations (s) Hofformation regarding the local delivery system; and +Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024
Genetic Counseling and Testing	10/1/2023	0404U	ONC BRST CA SEMIQ MEAS THYMIDINE KINASE ACTV IA	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent plan and progress notes; +Pertinent paychosocial history; +Information and consultations with the treating practitioner; +Pertinent exatts, graphs or photographic information, as appropriate; +Pertinent exatuations; +Rehabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Genetic Counseling and Testing	10/1/2023	0405U	ONC BRST CA SEMIQ MEAS THYMIDINE KINASE ACTV IA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024
Genetic Counseling and Testing	10/1/2023	0406U	ONC LUNG FLOW CYTOMETRY SPUTUM 5 MARKERS ALG	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent evaluations from other health care practitioners and providers; -Pertinent realuations from other health care practitioners and providers; -Pertinent charts, graphs or photographic information, as appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024
Genetic Counseling and Testing	10/1/2023	0407U	NEPHROLOGY DIABETIC CKD MULT ECLIA PLASMA ALG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent nervalues of the care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024
Genetic Counseling and Testing	10/1/2023	0409U	ONC SLD TUM DNA 80&RNA 36 GEN NEXT GNRI SEQ PLSM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024
Genetic Counseling and Testing	10/1/2023	0410U	ONC PNCRTC DNA WHL GN SEQ 5- HYDROXYMETHYLCYTO SN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Genetic Counseling and Testing	10/1/2023	0411U	PSYC GENOMIC ALYS PANEL VARIANT ALYS 15 GENES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent gran and progress notes; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024
Genetic Counseling and Testing	10/1/2023	0412U	BETA AMYLOID AB42/40 IMPRCIP QUAN LCMS/MS ALG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatiment plan and progress notes; •Pertinent psychosocial history; •Pertinent psychosocial history; •Pertinent evaluations from other health care practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information negarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024
Genetic Counseling and Testing	10/1/2023	0413U	ONC HL NEO OPT GEN MAPG CPY NMBR ALTERATIONS DNA	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical example -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent psychosocial history; -Pertinent psychosocial history; -Pertinent evaluations from other health care practitioner; -Pertinent charts, graphs or photographic information, as appropriate; -Rehabilitation regarding the local delivery system; and +Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024
Genetic Counseling and Testing	10/1/2023	0414U	ONC LUNG AUGMNT ALG ALYS DGT WHOL SLD IMG 8 GEN	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical earn; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history; Information and consultations with the treating practitioner; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations (s; Herkabilittation evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024
Genetic Counseling and Testing	10/1/2023	0415U	CV DS ACS IA ALG BLOOD 5 YEAR DE RISK SCORE ACS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent generative and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent tasks or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Genetic Counseling and Testing	10/1/2023	0417U	RARE DS WHL MITOCHDRL GEN SEQ ALYS 335 NUC GENES	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent chals, graphs or photographic information, as appropriate; +Rehabilitation regarding the local delivery system; and +Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024
Genetic Counseling and Testing	10/1/2023	0418U	ONC BRST AUGMNT ALG ALYS DGTZ WHOL SLD IMG 8FEAT	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent paychoscial history; +Pertinent paychoscial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioner; +Pertinent evaluations for other health care practitioner; +Pertinent evaluations for other health care practitioner; +Pertinent evaluations for evaluation; information regarding the local delivery system; and +Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024
Genetic Counseling and Testing	10/1/2023	0419U	NEUROPSYCHIATRY GEN SEQ ALYS PNL VRNT ALY 13 GEN	Information generally required to support authorization decision making includes, but not limited to: =Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; =History of the presenting problem =Clinical exam; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pertinent psychosocial history; =Information and consultations with the treating practitioner; =Pertinent evaluations from other health care practitioner; =Pertinent evaluations for other health care practitioner; =Pertinent evaluations from other health care practitioner; =Pertinent evaluations for other health care practitioner; =Pertinent evaluations for evaluation; =Pertinent evaluations; =Pertinent evaluation; =Information regarding the local delivery system; and =Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024
Genetic Counseling and Testing	4/1/2020	80145	DRUG ASSAY ADALIMUMAB	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent paychosodal history; +Pertinent evaluations with the treating practitioner; +Pertinent evaluations from other health care practitioner; +Pertinent evaluations for other health care practitioner; +Pertinent evaluations for other health care practitioner; +Pertinent charst, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and Information.	Molina Clinical Policy: Genetic Testing	2/21/2024
Genetic Counseling and Testing	4/1/2020	80187	DRUG ASSAY POSACONAZOLE	Information generally required to support authorization decision making includes, but not limited to: *Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; *Ilistory of the presenting problem *Clinical exam; *Pertinent diagnostic testing results, operative and/or pathological reports; *Pertinent psychosocial history; *Information and consultations with the treating practitioner; *Pertinent evaluations from other health care practitioners; *Pertinent charls, graphs or photographic information, as appropriate; *Information regarding the local delivery system; and *Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Genetic Counseling and Testing	4/1/2020	80230	DRUG ASSAY INFLIXIMAB	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Teratiment plan and progress notes; •Pertinent psychosocial history; information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Retrinent charts, treations;	Molina Clinical Policy: Genetic Testing		2/21/2024
Genetic Counseling and Testing	4/1/2020	80235	DRUG ASSAY LACOSAMIDE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent plan dan progress notes; •Pertinent evaluations from other health care practitioner; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehalmitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing		2/21/2024
Genetic Counseling and Testing	4/1/2020	80280	DRUG ASSAY VEDOLIZUMAB	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history: •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Information regarding the local delivery system; and •Patient charts, graphics on information.	Molina Clinical Policy: Genetic Testing		2/21/2024
Genetic Counseling and Testing	4/1/2020	80285	DRUG ASSAY VORICONAZOLE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history: •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Retrainition evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing		2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81120	IDH1 COMMON VARIANTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent paynahoscial history; entriment paynahoscial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; *Rehabilization evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Genetic Testing		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Genetic Counseling and Testing	Prior to 9/1/2019	81121	IDH2 COMMON VARIANTS	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent psychosocial history; +Pertinent psychosocial history; +Information and consultations with the traing practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Pertinent realuations from other health care practitioners and providers; +Pertinent realuations from other health care practitioners and providers; +Pertinent realuations from other health care practitioners and providers; +Pertinent charts, graphs or photographic information, as appropriate; *Achabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81161	DMD DUPLICATION DELETION ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pretinent psychosocial history; =Information and consultations with the treating practitioner; =Pertinent evaluations from other health care practitioners and providers; =Pertinent evaluations from other health care practitioners and providers; =Pertinent revaluations for mother health care practitioners and providers; =Pertinent revaluations for mother health care practitioners and providers; =Pertinent charts, graphs or photographic information, as appropriate; =Rehabilitation evaluations; =Information regarding the local delivery system; and =Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81162	BRCA1 BRCA2 GENE ALYS FULL SEQ FULL DUP DEL ALYS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81163	BRCA1 BRCA2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pretinent psychosocial history; =Pertinent psychosocial history; =Information and consultations with the treating practitioner; =Pertinent evaluations from other health care practitioners and providers; =Pertinent evaluations from other health care practitioners and providers; =Pertinent realuations from other health care practitioners and providers; =Pertinent realuations form other health care practitioners and providers; =Pertinent charts, graphs or photographic information, as appropriate; =Retabilitation evaluations; =Information regarding the local delivery system; and =Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019		BRCA1 BRCA2 GENE ANALYSIS FULL DUP DEL ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Genetic Counseling and Testing	Prior to 9/1/2019	81165	BRCA1 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81166	BRCA1 GENE ANALYSIS FULL DUP DEL ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent paychosocial history; •Information and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent nearles, graphs or photographic information, as appropriate; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81167	BRCA2 GENE ANALYSIS FULL DUP DEL ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent paychosocial history; +Pertinent evaluations from other health care practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners; +Pertinent nearls, graphs or photographic information, as appropriate; +Rehabilitation evaluations; =Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/2024
Genetic Counseling and Testing	1/1/2021	81168	CND1/IGH TRANSLOCATION ALYS MAJOR BP QUAL and QUAN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretrinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81171	AFF2 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretrinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent oracle, starghes or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/21/2024

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Genetic Counseling and Testing	Prior to 9/1/2019	81172	AFF2 GENE ANALYSIS CHARACTERIZATION OF ALLELES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Inicial exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent caluations from other health care practitioners and providers; •Pertinent caluations from other health care practitioners and providers; •Pertinent caluations from other health care practitioners and providers; •Pertinent organity or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81173	AR GENE ANALYSIS FULL GENE SEQUENCE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent plan and progress notes; •Pertinent plan and progress notes; •Pertinent evaluations from other health care practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioner; +Pertinent charts, graphs or photographic information, as appropriate; •Arehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81174	AR GENE ANALYSIS KNOWN FAMILIAL VARIANT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history: Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Archabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81175	ASXL1 GENE ANALYSIS FULL GENE SEQUENCE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •Iistory of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history: •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners; •Pertinent evaluation regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/21/2024
Genetic Counseling and Testing	1/1/2021	81194	NTRK TRANSLOCATION ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •Iistory of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history: •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Anchabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Molina Clinical Policy: Genetic Testing	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Genetic Counseling and Testing	Prior to 9/1/2019	81201	APC GENE ANALYSIS FULL GENE SEQUENCE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and *Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81212	BRCA1 BRCA 2 GEN ALYS 185DELAG 5385INSC 6174DELT	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretiment generation and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent treating, protographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81225	CYP2C19 GENE ANALYSIS COMMON VARIANTS	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +Listory of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progres notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81226	CYP2D6 GENE ANALYSIS COMMON VARIANTS	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical earny +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations (s) Herhabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81227	CYP2C9 GENE ANALYSIS COMMON VARIANTS	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent payschossical history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent thats, graphs or photographic information, as appropriate; +Rehabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Genetic Counseling and Testing	Prior to 9/1/2019	81228	CYTOGENOM CONST MICROARRAY COPY NUMBER VARIANTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Platient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81229	CYTOGENOM CONST MICROARRAY COPY NUMBER AND SNP VAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent resultion evaluations; Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81230	CYP3A4 GENE ANALYSIS COMMON VARIANTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioner and providers; •Pertinent evaluations; •Rehabilitations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81231	CYP3A5 GENE ANALYSIS COMMON VARIANTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent nerving set of the set of	Molina Clinical Policy: Genetic Testing	2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81232	DYPD GENE ANALYSIS COMMON VARIANTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent torts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Genetic Counseling and Testing	Prior to 9/1/2019	81236	EZH2 GENE ANALYSIS FULL GENE SEQUENCE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent provide and any orgeness notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent nearly, sensition evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81237	EZH2 GENE ANALYSIS COMMON VARIANTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent nertine regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81239	DMPK GENE ANALYSIS CHARACTERIZATION OF ALLELES	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Olinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent revaluations from other health care practitioners and providers; •Pertinent revaluations (s) •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81249	G6PD GENE ANALYSIS FULL GENE SEQUENCE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent torts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Genetic Counseling and Testing	1/1/2021	81275	KRAS GENE ANALYSIS VARIANTS IN EXON 2	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent diagnostic testing months with the treating practitioner; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioner, appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Texas Medicaid Provider Procedures Manual	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized N	Notes	Date of Annual Review
Genetic Counseling and Testing	1/1/2021	81276	KRAS GENE ANALYSIS ADDITIONAL VARIANT(S)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent valuations from other health care practitioners and providers; •Pertinent hards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria		2/21/2024
Genetic Counseling and Testing	1/1/2021	81277	CYTOGENOMIC NEOPLASIA MICROARRAY ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioner and providers; •Pertinent tors, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Molina Clinical Policy: Genetic Testing		2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81287	MGMT GENE PROMOTER METHYLATION ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent networks; •Pertinent networks; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing		2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81292	MLH1 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent torks, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81295	MSH2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Olinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Genetic Counseling and Testing	Prior to 9/1/2019	81298	MSHG GENE ANALYSIS FULL SEQUENCE ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from ther health care practitioners and providers; •Pertinent evaluations from othorgraphic information, as appropriate; •Rehabilitation regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81306	NUDT15 GENE ANALYSIS COMMON VARIANTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical example: •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations; •Pertinent revaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/21/2024
Genetic Counseling and Testing	4/1/2020	81307	PALB2 GENE ANALYSIS (FULL GENE SEQ)	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Preatment plan and progress notes; -Pertinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent evaluations from other health care practitioners and providers; -Pertinent evaluations from other health care practitioners and providers; -Pertinent evaluations; -Pertinent evaluations; -Pertinent regarding the local delivery system; and -Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/21/2024
Genetic Counseling and Testing	4/1/2020	81309	PIK3CA GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Preatment plan and progress notes; -Pertinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent evaluations from other health care practitioners and providers; -Pertinent revaluations from other health care practitioners and providers; -Pertinent nevaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81314	PDGFRA GENE ANALYS TARGETED SEQUENCE ANALYS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Genetic Counseling and Testing	Prior to 9/1/2019	81317	PMS2 GENE ANALYSIS FULL SEQUENCE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent plan and progress notes; +Pertinent psychosocial history; Hinformation and consultations with the treating practitioner; +Pertinent caluations from other health care practitioners and providers; +Pertinent caluations from other health care practitioners and providers; +Pertinent orealuations; +Rehabilitation regarding the local delivery system; and +Pattent characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81321	PTEN GENE ANALYSIS FULL SEQUENCE ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; •Pertinent plan and progress notes; •Pertinent evaluations from other health care practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Pertinent charts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81333	TGFBI GENE ANALYSIS COMMON VARIANTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •Iistory of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluation rom other health care practitioners and providers; •Pertinent evaluation regards or hotographic information, as appropriate; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/21/2024
Genetic Counseling and Testing	1/1/2021	81351	TP53 GENE ANALYSIS FULL GENE SEQUENCE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations rom other health care practitioners and providers; •Pertinent orealing regularies of hotographic information, as appropriate; •Information regarding the local delivery system; and •Patient characteristics and information	Molina Clinical Policy: Genetic Testing	2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81404	MOLECULAR PATHOLOGY PROCEDURE LEVEL 5	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations row nother health care practitioner, •Pertinent evaluations row other health care practitioner, as appropriate; •Pertinent orealizations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/21/2024

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Genetic Counseling and Testing	Prior to 9/1/2019	81405	MOLECULAR PATHOLOGY PROCEDURE LEVEL 6	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent neralts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81406	MOLECULAR PATHOLOGY PROCEDURE LEVEL 7	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent revaluations from other health care practitioners and providers; •Pertinent nervaling in evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81407	MOLECULAR PATHOLOGY PROCEDURE LEVEL 8	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent nerds, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81408	MOLECULAR PATHOLOGY PROCEDURE LEVEL 9	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent nervaling the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81410	AORTIC DYSFUNCTION DILATION GENOMIC SEQ ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent torats, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Genetic Counseling and Testing	Prior to 9/1/2019	81411	AORTIC DYSFUNCTION DILATION DUP DEL ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pertinent psychosocial history; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent thats, graphs or photographic information, as appropriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information.	Molina Clinical Policy: Genetic Testing		2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81412	ASHKENAZI JEWISH ASSOC DSRDRS GEN SEQ ANAL 9 GEN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent testing services and protographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing		2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81413	CAR ION CHNNLPATH GENOMIC SE	Q Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent testings or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Genetic Testing		2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81414	CAR ION CHNNLPATH DUP DEL GN ALYS PANEL 2 GENES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent tevaluations from other health care practitioners and providers; •Pertinent torists, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing		2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81415	EXOME SEQUENCE ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charac, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Genetic Counseling and Testing	Prior to 9/1/2019	81416	EXOME SEQUENCE ANALYSIS EACH COMPARATOR EXOME	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pretrinent pan and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent charls, graphs or photographic information, as appropriate; • Rehabilitation regarding the local delivery system; and • Patient characteristics and information.	Molina Clinical Policy: Genetic Testing		2/21/2024
Genetic Counseling and Testing	1/1/2023	81418	RX METAB GENOMIC SEQ ALYS PANEL AT LEAST 6 GENES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and propriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing		2/21/2024
Genetic Counseling and Testing	1/1/2021	81419	EPILEPSY GENOMIC SEQUENCE ANALYSIS PANEL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Prentinent pan and progress notes; •Pertinent evaluations into the relating practitioner; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent nerals, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Molina Clinical Policy: Genetic Testing		2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81422	FETAL CHROMOSOMAL MICRODELT GENOMIC SEQ ANALYS	 Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent torals, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information. 	Molina Clinical Policy: Genetic Testing		2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81425	GENOME SEQUENCE ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Olinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent exaluations from other health care practitioner; •Pertinent exaluation regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Genetic Counseling and Testing	Prior to 9/1/2019	81426	GENOME SEQUENCE ANALYSIS EACH COMPARATOR GENOME	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81427	GENOME RE-EVALUATION OF PREC OBTAINED GENOME SEQ	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent diagnostic testing results, operative and/or pathological reports; +Pretinent psychosocial history; +Information and progress notes; +Pertinent evaluations from other health care practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent tharts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information negarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81430	HEARING LOSS GENOMIC SEQUENCE ANALYSIS 60 GENES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; eInformation and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent characts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81431	HEARING LOSS DUP DEL ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent plan and consultations with the treating practitioner; •Information and consultations with the treating practitioner; •Pertinent thats, graphs or photographic information, as appropriate; •Pertinent characteristics and information.	Molina Clinical Policy: Genetic Testing	2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81432	HEREDITARY BRST CA-RELATED GEN SEQ ANALYS 10 GEN	Information generally required to support authorization decision making includes, but not limited to: *Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; *History of the presenting problem *Clinical exam; *Pertinent diagnostic testing results, operative and/or pathological reports; *Pertinent plan and progress notes; *Pertinent plan and consultations with the treating practitioner; *Pertinent evaluations from other health care practitioners and providers; *Pertinent charts, graphs or photographic information, as appropriate; *Rehabilitation evaluations; information regarding the local delivery system; and *Patient chartscristics and information.	Molina Clinical Policy: Genetic Testing	2/21/2024

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Genetic Counseling and Testing	Prior to 9/1/2019	81433	HEREDITARY BRST CA-RELATED DUP DEL ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Pertinent readiations from other health care practitioners and providers; +Pertinent readuations from other health care practitioners and providers; +Pertinent readiations from other health care practitioners and providers; +Pertinent charts, graphs or photographic information, as appropriate; =Netholitication evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81434	HEREDITARY RETINAL DSRDRS GEN SEQ ANALYS 15 GEN	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Pertinent results or photographic information, as appropriate; +Rehabilitation evaluations; information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81435	HEREDITARY COLON CA DSRDRS GEN SEQ ANALYS 10 GEN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent gapschoscial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent realuations from other health care practitioners and providers; •Pertinent nevaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81436	HEREDITARY COLON CA DSRDRS DUP DEL ANALYS 5 GEN	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical examples of the setting results, operative and/or pathological reports; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations mother health care practitioners and providers; +Pertinent revaluations regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81437	HEREDTRY NURONDCRN TUM DSRDRS GEN SEQ ANAL 6 GEN	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pertinent plan and progress notes; =Pertinent pan and progress notes; =Pertinent pan and consultations with the treating practitioner; =Pertinent evaluations from other health care practitioners and providers; =Pertinent charac, graphs or photographic information, as appropriate; =Rehabilitation evaluations; =Information regarding the local delivery system; and =Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/21/2024

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Genetic Counseling and Testing	Prior to 9/1/2019	81438	HEREDTRY NURONDCRN TUM DSRDRS DUP DEL ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Platient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81439	HEREDITARY CARDIOMYOPATHY GEN SEQ ANALYS 5 GEN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81440	NUCLEAR MITOCHONDRIAL 100 GENE GENOMIC SEQ	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/21/2024
Genetic Counseling and Testing	1/1/2023	81441	IBMFS SEQUENCE ANALYSIS PANEL AT LEAST 30 GENES	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +Nistory of the presenting problem Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Preatment plan and progress notes; -Pertinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent evaluations from other health care practitioners and providers; -Pertinent realuations from other health care practitioners appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81443	GENETIC TESTING FOR SEVERE INHERITED CONDITIONS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent pan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Genetic Counseling and Testing	Prior to 9/1/2019		N SEQ ANALYS SOLID ORGAN OPLASM 5-50 GENE	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +Ilistory of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pretinent psychosocial history: =Information and progress notes; =Pertinent evaluations from other health care practitioner; =Pertinent evaluations for other health care practitioners; =Pertinent evaluations; =Pertinent evaluations; =Pertinent evaluations; =Information regarding the local delivery system; and =Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019		REDITARY PERIPHERAL UROPATHY GEN SEQ PNL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing		2/21/2024
Genetic Counseling and Testing	1/1/2023		SAP SOLID ORGAN NEOPLASM 5- RNA ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: *Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; *History of the presenting problem *Clinical exam; *Pertinent diagnostic testing results, operative and/or pathological reports; *Pertinent plan and progress notes; *Pertinent plan and consultations with the treating practitioner; *Pertinent evaluations from other health care practitioners; *Pertinent characts, graphs or photographic information, as appropriate; *Rehabilitation evaluations; *Information regarding the local delivery system; and *Patient characteristics and information.	Molina Clinical Policy: Genetic Testing		2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81450 GET HET	N SEQ ANALYS MATOLYMPHOID NEO 5-50 GENE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Pertinent evaluations from other health care practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Pertinent charts, graphs or photographic information, as appropriate; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing		2/21/2024
Genetic Counseling and Testing	1/1/2023		SAP HEMATOLYMPHOID NEO/DO 10 RNA ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent plan and consultations with the treating practitioner; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioner; +Pertinent exaluations or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024

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Genetic Counseling and Testing	Prior to 9/1/2019	81455 GEN SEQ ANALYS SOL ORG HEMTOLMPHOID NEO 51 OR GR GEN	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pertinent plan and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners; • Pertinent evaluations from other health care practitioners; • Pertinent tharts, graphs or photographic information, as appropriate; • Rehabilitation revaluations; • Information regarding the local delivery system; and • Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Genetic Counseling and Testing	1/1/2023	81456 TGSAP SO/HEMATOLYMPHOID NEO/DO 51 OR GT RNA ANALYSI:	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pertinent plan and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent charts, graphs or photographic information, as appropriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81460 WHOLE MITOCHONDRIAL GENO	JE Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81465 WHOLE MITOCHONDRIAL GENO ANALYSIS PANEL	//E Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • Hilstory of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioner; • Pertinent charts, graphs or photographic information, as appropriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81470 X-LINKED INTELLECTUAL DBLT GENOMIC SEQ ANALYS	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioner; •Pertinent chars, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/21/2024

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Genetic Counseling and Testing	Prior to 9/1/2019	81471	X-LINKED INTELLECTUAL DBLT DUP DEL GENE ANALYS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent results; •Pertinent nerves or the set of the set	Molina Clinical Policy: Genetic Testing	2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81493	COR ART DISEASE MRNA GENE EXPRESSION 23 GENES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent revaluations from other health care practitioners and providers; •Pertinent nervals or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81504	ONCOLOGY TISSUE OF ORIGIN SIMILAR SCOR ALGORITHM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent resultion regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81518	ONCOLOGY BREAST MRNA GENE EXPRESSION 11 GENES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent torist, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81519	ONCOLOGY BREAST MRNA GENE EXPRESSION 21 GENES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent thats, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/2024

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Genetic Counseling and Testing	Prior to 9/1/2019	81520	ONC BREAST MRNA GENE XPRSN PRFL HYBRD 58 GENES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pain and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent tharts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81521	ONC BREAST MRNA MICRORA GENI XPRSN PRFL 70 GENES	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent tevaluations from other health care practitioners and providers; • Pertinent resultion evaluations; • Information regarding the local delivery system; and • Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Genetic Counseling and Testing	4/1/2020	81522	BREAST ONCOLOGY, MRNA, GENE EXPRESSION PROFILING	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent net availarions; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Genetic Counseling and Testing	1/1/2022	81523	ONC BRST MRNA NEXT GNRJ SEQ GEN XPRSN 70 CNT and 31	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Cinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent torks, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81525	ONCOLOGY COLON MRNA GENE EXPRESSION 12 GENES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent totals, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024

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Genetic Counseling and Testing	1/1/2021	81529	ONC CUTAN MLNMA MRNA GENE XPRS PRFL 31 GENES ALG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81535	ONCOLOGY GYNE LIVE TUM CELL CLTR AND CHEMO RESP 1ST	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent torks, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81536	ONCOLOGY GYNE LIVE TUM CELL CLTR AND CHEMO RESP ADD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial histor; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners; •Pertinent net evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81538	ONCOLOGY LUNG MS 8-PROTEIN SIGNATURE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent evaluations in with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent torst, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81540	ONCOLOGY TUM UNKNOWN ORIGIN MRNA 92 GENES	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent exaluations from other health care practitioner, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Genetic Counseling and Testing	Prior to 9/1/2019	81541	ONC PRST8 MRNA GENE XPRSN PRFL RT-PCR 46 GENES	Information generally required to support authorization decision making includes, but not limited to: =Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; =History of the presenting problem =Clinical exam; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pertinent psychosocial history; =Information and consultations with the treating practitioner; =Pertinent evaluations from other health care practitioners; =Pertinent evaluations for other health care practitioner; =Pertinent evaluations for botographic information, as appropriate; =Rehabilitation evaluations; =Information regarding the local delivery system; and =Patient characteristics and Information.	Molina Clinical Policy: Genetic Testing	2/21/2024
Genetic Counseling and Testing	4/1/2020	81542	PROSTATE ONCOLOGY, MRNA, MICORARRAY GENE EXPRESSION PROFILING	Information generally required to support authorization decision making includes, but not limited to: *Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; *Ilistory of the presenting problem *Clinical exam; *Pertinent diagnostic testing results, operative and/or pathological reports; *Pertinent psychosocial history; *Pertinent psychosocial history; *Pertinent evaluations from other health care practitioner; *Pertinent charls, graphs or photographic information, as appropriate; *Rehabilitation evaluations; *Information regarding the local delivery system; and *Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/21/2024
Genetic Counseling and Testing	1/1/2021	81546	ONC THYR MRNA 10,196 GENES FINE NDL ASPIRATE ALG	Information generally required to support authorization decision making includes, but not limited to: =Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; =History of the presenting problem =Clinical exam; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pertinent plan and progress notes; =Pertinent plan and consultations with the treating practitioner; =Pertinent evaluations from other health care practitioners and providers; =Pertinent charst, graphs or photographic information, as appropriate; =Rehabilitation evaluations; =Information negarding the local delivery system; and =Patient characteristics and information	Third Party Proprietary Criteria	2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81551	ONC PRST8 PRMTR METHYLATION PRFL R-T PCR 3 GENES	Information generally required to support authorization decision making includes, but not limited to: =Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; =History of the presenting problem =Clinical exam; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pertinent plan and progress notes; =Pertinent plan and consultations with the treating practitioner; =Information and consultations with the treating practitioner; =Pertinent charls, graphs or photographic information, as appropriate; =Rethabilitation evaluation; =Information regarding the local delivery system; and =Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/21/2024
Genetic Counseling and Testing	4/1/2020	81552	UVEAL MELANOMA, MRNA, GENE EXPRESSION PROFILING	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pertinent Jahan and progress notes; =Pertinent path and consultations with the treating practitioner; =Pertinent evaluations from other health care practitioner; =Pertinent evaluations from other health care practitioner; =Pertinent evaluations; =Pertinent evaluations; =Rehabilitation evaluations; =Information regarding the local delivery system; and =Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Genetic Counseling and Testing	1/1/2021	81554	PULM DS IPF MRNA 190 GENE TRANSBRONCHIAL BX ALG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent carls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Pattent characteristics and information	Molina Clinical Policy: Genetic Testing	2/21/2024
Genetic Counseling and Testing	1/1/2022	81560	RNSPLI PED LVR and BWL MES CD154 Plus T CLL WHL PRPH BLD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitiones and providers; •Pertinent cover a protographic information, as appropriate; •Archabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	81595	CARDIOLOGY HRT TRNSPL MRNA GENE EXPRESS 20 GENES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •Ilistory of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioner, appropriate; •Rehabilitation evaluations; •Information argarding the local delivery system; and •Pattent characteristics and information.	Molina Clinical Policy: Genetic Testing	2/21/2024
Genetic Counseling and Testing	Prior to 9/1/2019	84999	UNLISTED CHEMISTRY PROCEDURE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical seam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations rom other health care practitioner, •Pertinent charts, graphs or photographic information, as appropriate; •Anabalittation regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/2024
Genetic Counseling and Testing	4/1/2020	87563	IADNA MYCOPLASMA GENITALIUM AMPLIFIED PROBE TECH	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Achieved and results and results and evaluations; Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Genetic Counseling and Testing	Prior to 9/1/2019	\$3722	DOSE OPTIMIZ AUC ANALY INFUSIONAL 5-FLUOROURACIL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and +Information regarding the local delivery system; and *Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/21/20:
All Home Health Care Services	Prior to 9/1/2019	G0151	SERVICE PHYS THERAP HOME HLTH HOSPICE EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pretinent psychosocial history; =Pertinent psychosocial history; =Information and consultations with the treating practitioner; =Pertinent evaluations from other health care practitioners and providers; =Pertinent tevaluations from other health care practitioners and providers; =Pertinent evaluations from other health care practitioners and providers; =Pertinent chards; graphs or photographic information, as appropriate; =Rehabilitation evaluations; =Information regarding the local delivery system; and =Patient characteristics and information.	Third Party Proprietary Criteria	2/21/202
All Home Health Care Services	Prior to 9/1/2019	G0152	SERVICE OCCUP THERAP HOME HLTH HOSPICE EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Treatment plan and progress notes; +Pertinent exploascial history; +Information and consultations with the treating practitioner; +Pertinent exaluations from other health care practitioners and providers; +Pertinent exaluations for photographic information, as appropriate; +Rethabilitation evaluations; +Information evaluations; +Information evaluations; +Information evaluations; +Information exained local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/21/202
All Home Health Care Services	Prior to 9/1/2019	G0153	SRVC SPCH AND LANG PATH HOME HLTH HOSPICE EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pretinent generation and progress notes; =Pertinent psychosocial history; =Information and consultations with the treating practitioner; =Pertinent evaluations from other health care practitioners and providers; =Pertinent evaluations from other health care practitioners and providers; =Pertinent revaluations regarding the local delivery system; and =Patient characteristics and information.	Third Party Proprietary Criteria	2/21/20
All Home Health Care Services	Prior to 9/1/2019	G0155	SRVC CLINICAL SOCIAL WORKER HH HOSPICE EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent psychosocial history; +Pertinent psychosocial history; +Pertinent evaluations from other health care practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/21/20:

Service Category Notes	Effective Date	Code Definition	Documentation Requirements	Criteria Utilized	ate of Annual eview
All Home Health Care Services	Prior to 9/1/2019	G0156 SRVC HH HOSPICE AIDE HOSPICE SET EA 15 MIN	 NHH Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent charlactions from other health care practitioners and providers; •Pertinent charlactions from other health care practitioner, •Pertinent charlactions from other health care practitioner, •Pertinent charlactuations; •Information equations; 	Texas Medicaid Provider Procedures Manual	2/21/2024
All Home Health Care Services	Prior to 9/1/2019	G0157 SERVICES PT ASSIST HON HOSPICE EA 15 MIN	E HEALTH Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychosocial history: • Information and consultations with the treating practitioner; • Pertinent charls, graphs or photographic information, as appropriate; • Refeabilitation evaluations; • Information not regarding the local delivery system; and • Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
All Home Health Care Services	Prior to 9/1/2019	G0158 SERVICE OT ASSIST HOM HOSPICE EA 15 MIN	 HEALTH Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history: Information and consultations with the treating practitioner; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation regarding the local delivery system; and Patient characteristics and information. 	Third Party Proprietary Criteria	2/21/2024
All Home Health Care Services	Prior to 9/1/2019	G0159 SERVICES PT HOME HEA PT MP EA 15 MINS	TH EST DEL Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •Linical exam; •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations; •Pertinent evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
All Home Health Care Services	Prior to 9/1/2019	G0160 SERVICES OT HOME HEA OT MP EA 15 MINS	TH EST DEL Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +Visitory of the presenting problem •Clinical exam; •Pertinent ganostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent poxhosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Rehabilitation evaluations; Information are outloations; Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized		Date of Annual Review
All Home Health Care Services	Prior to 9/1/2019	G0161 SERVICE SLF PATH MP E/		Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +Listory of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent diagnostic notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners; +Pertinent evaluations resultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
All Home Health Care Services	Prior to 9/1/2019	G0162 SKILLED SEF		Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical earny +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent diagnostic testing results, operative and/or pathological reports; +Pretinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners; +Pertinent teads, or photographic information, as appropriate; +Rehabilitation evaluations; Hoformation regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/21/2024
All Home Health Care Services	7/1/2023	G0299 DIRECT SNS HOSPICE SE	S RN HOME HEALTH	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and progress notes; +Pertinent evaluations from other health care practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent tharts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Participating Providers: Initial admit visit and six (6) subsequent visits do not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	
All Home Health Care Services	7/1/2023	G0300 DIRECT SNS HOSPICE SE	I LPN HOME HLTH IT EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretiment psychosocial history; +Information and consultations with the treating practitioner; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations from other health care practitioners and providers; +Pertinent chards, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Participating Providers: Initial admit visit and six (6) subsequent visits do not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	
All Home Health Care Services	Prior to 9/1/2019	G0490 FACE-TO-FA FQHC AREA		Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent plan and progress notes; +Pertinent part and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent thats, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
All Home Health Care Services	Prior to 9/1/2019		D SERVICES RN OBV AND	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Pertinent readuations; =Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
All Home Health Care Services	Prior to 9/1/2019		D SRVC LPN OBS AND ASMT D EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; *History of the presenting problem *Clinical exam; *Pertinent diagnostic testing results, operative and/or pathological reports; *Pretinent psychosocial history; *Information and consultations with the treating practitioner; *Pertinent evaluations from other health care practitioners and providers; *Pertinent evaluations from other health care practitioners and providers; *Pertinent revaluations regarding the local delivery system; and *Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
All Home Health Care Services	Prior to 9/1/2019		VC RN TRAIN AND EDU PT H HOSPC EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations; •Pertinent nevaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
All Home Health Care Services	Prior to 9/1/2019		VC LPN TRAIN AND EDU PT H HOSPC E 15 MIN	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical examples of the presenting problem -Clinical examples of the setting results, operative and/or pathological reports; -Pretinent diagnostic testing results, operative and/or pathological reports; -Pretinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent testing results or photographic information, as appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
All Home Health Care Services	Prior to 9/1/2019		CARE TRAINING NON- ; PER SESSION	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent plan and progress notes; -Pertinent part and progress notes; -Pertinent paychosocial history; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent chards, graphs or photographic information, as appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized No	otes	Date of Annual Review
All Home Health Care Services	Prior to 9/1/2019	S5130	HOMEMAKER SERVICE NOS; PER 15 MINUTES	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent genostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent revaluations from other health care practitioners and providers; +Pertinent tevaluations from other health care practitioners and providers; +Pertinent revaluations revaluations; +Pertinent revaluations revaluations; +Pertinent chards; graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
All Home Health Care Services	Prior to 9/1/2019	\$5135	COMPANION CARE ADULT ; PER 15 MINUTES	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Cincial earns •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent traductions from other health care practitioners; •Pertinent characteristics and information, as appropriate; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
All Home Health Care Services	Prior to 9/1/2019	\$5151	UNSKILLED RESPITE CARE NOT HOSPICE; PER DIEM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent treatures of the regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
All Home Health Care Services	7/1/2023	59110	TELEMONITORING PT HOME ALL NEC EQUIP; PER MONTH	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent genostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent thats, graphs or photographic information, as appropriate; +Rehabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/21/2024
All Home Health Care Services	Prior to 9/1/2019	S9122	HOM HLTH AIDE CERT NURSE ASST PROV CARE HOM;-HR	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent paychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent chards, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
All Home Health Care Services	Prior to 9/1/2019	S9123	NURSING CARE THE HOME; REGISTERED NURSE PER HOUR	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem =Clinical earn; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pertinent psychosocial history; =Pertinent exilations from other health care practitioner; =Pertinent evaluations from other health care practitioners; =Pertinent evaluations from othotographic information, as appropriate; =Rehabilitation evaluations; =Information regarding the local delivery system; and =Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
All Home Health Care Services	Prior to 9/1/2019	\$9124 \$9124	NURSING CARE IN THE HOME; BY LPN PER HOUR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent generation and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent revaluations from other health care practitioners and providers; •Pertinent revaluations from other health care practitioners and providers; •Pertinent revaluations (generative) information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
All Home Health Care Services	Prior to 9/1/2019	S9128	SPEECH THERAPY IN THE HOME PER DIEM	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent plan and progress notes; -Pertinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent traits, graphs or photographic information, as appropriate; -Rechabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
All Home Health Care Services	Prior to 9/1/2019	S9129	OCCUPATIONAL THERAPY IN THE HOME PER DIEM	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent gan and progress notes; -Pertinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent testings or photographic information, as appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
All Home Health Care Services	Prior to 9/1/2019	S9131	PHYSICAL THERAPY; IN THE HOME PER DIEM	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent dignostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pretinent pathons and consultations with the treating practitioner; -Pretinent evaluations from other health care practitioners; -Pertinent evaluations from other health care practitioners; -Pertinent exats, graphs or photographic information, as appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Not	tes	Date of Annual Review
All Home Health Care Services	Prior to 9/1/2019	S9470	NUTRITIONAL COUNSELING DIETITIAN VISIT	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent grychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Pertinent readuations from other health care practitioners and providers; +Pertinent charts, graphs or photographic information, as appropriate; *Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
All Home Health Care Services	Prior to 9/1/2019	\$9977	MEALS PER DIEM NOT OTHERWISE SPECIFIED	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Cinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent charls, graphs or photographic information, as appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
All Home Health Care Services	Prior to 9/1/2019	T1000	PRIV DUTY INDEPEND NRS SERVICE LIC UP 15 MIN	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pretinent plan and progress notes; -Pertinent pak and progress notes; -Pertinent pak and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent transf, signsh or photographic information, as appropriate; -Rechabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/21/2024
All Home Health Care Services	Prior to 9/1/2019	T1002	RN SERVICES UP TO 15 MINUTES	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pretinent genostic testing results, operative and/or pathological reports; -Pretinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent charls, graphs or photographic information, as appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/21/2024
All Home Health Care Services	Prior to 9/1/2019	T1003	LPN LVN SERVICES UP TO 15 MINUTES	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent traits, graphs or photographic information, as appropriate; +Rehabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
All Home Health Care Services	Prior to 9/1/2019	T1005	RESPITE CARE SERVICES UP TO 15 MINUTES	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical earn; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent grand progress notes; =Pertinent psychosocial history; =Information and consultations with the treating practitioner; =Pertinent exaluations from other health care practitioners and providers; =Pertinent exaluations from other health care practitioners and providers; =Pertinent evaluations; =Information regarding the local delivery system; and =Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
All Home Health Care Services	10/1/2019	T1019	PERSONAL CARE SERVICES PER 15 MINUTES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent generation and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent revaluations from other health care practitioners and providers; •Pertinent revaluations from other health care practitioners and providers; •Pertinent revaluations (s); Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/2024
All Home Health Care Services	Prior to 9/1/2019	T1022	CONTRACT HOME HEALTH SRVC UNDER CONTRACT DAY	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent charls, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
All Home Health Care Services	Prior to 9/1/2019	T1030	NURSING CARE THE HOME REGISTERED NURSE PER DIEM	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent plan and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent testings or photographic information, as appropriate; +Rehabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
All Home Health Care Services	Prior to 9/1/2019	T1031	NURSING CARE IN THE HOME BY	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent packnossic instrom; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners; -Pertinent evaluations from other health care practitioners; -Pertinent evaluations (the torgaphic information, as appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annua Review
Hyperbaric/Wound Therapy	Prior to 9/1/2019	99183	PHYS QHP ATTN AND SUPVJ HYPRBARIC OXYGEN TX SESSION	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem • Clinical earn; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pertinent psychosocial history; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations; • Information regarding the local delivery system; and • Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/20
Hyperbaric/Wound Therapy	10/1/2022	A2001	INNOVAMATRIX AC PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent orealizations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Skin and Soft Tissue Substitutes	2/21/20
Hyperbaric/Wound Therapy	10/1/2022	A2002	MIRRAGEN ADVANCED WOUND MATRIX PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent pain and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Skin and Soft Tissue Substitutes	2/21/20
Hyperbaric/Wound Therapy	7/1/2023	A2019	Kerecis Omega3 MariGen Shield, pi sq cm	Pr Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent paychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent nervaluations from other health care practitioners and providers; •Pertinent nervaling in evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Skin and Soft Tissue Substitutes	2/21/20
Hyperbaric/Wound Therapy	7/1/2023	A2020	AC5 Advanced Wound System	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent diagnostic testing results, operative and/or pathological reports; •Information and consultations with the treating practitioner; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Skin and Soft Tissue Substitutes	2/21/20

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Hyperbaric/Wound Therapy	7/1/2023	A2021	NeoMatriX, per sq cm	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Cinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent exaluations from other health care practitioners and providers; +Pertinent exaluations from other health care practitioners and providers; +Pertinent exaluations from other health care practitioner, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Skin and Soft Tissue Substitutes	2/21/2024
Hyperbaric/Wound Therapy	Prior to 9/1/2019	G0277	HPO UND PRESS FULL BODY CHMBR PER 30 MIN INT	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations (s); +Pertinent revaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/2024
Hyperbaric/Wound Therapy	10/1/2022	Q4100	SKIN SUBSTITUTE NOT OTHERWISE SPECIFIED	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent revaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioner, a appropriate; +Rehabilitation regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Skin and Soft Tissue Substitutes	2/21/2024
Hyperbaric/Wound Therapy	10/1/2022	Q4101	APLIGRAF PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Skin and Soft Tissue Substitutes	2/21/2024
Hyperbaric/Wound Therapy	10/1/2022	Q4106	DERMAGRAFT PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent parand progress notes; +Pertinent parand consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent tharts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information negarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Skin and Soft Tissue Substitutes	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Hyperbaric/Wound Therapy	10/1/2022	Q4121	THERASKIN PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent publications with the treating practitioner; •Pertinent publications for white the relating arguarctitioner; •Pertinent chards, graphs or photographic information, as appropriate; •Pertinent evaluations; •Information evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Skin and Soft Tissue Substitutes	2/21/2024
Hyperbaric/Wound Therapy	10/1/2022	Q4125	ARTHROFLEX PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chalsmost or ther health care practitioners; •Pertinent chalsmost or hosping or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Skin and Soft Tissue Substitutes	2/21/2024
Hyperbaric/Wound Therapy	10/1/2022	Q4126	MEMODERM DERMASPAN TRANZGRFT/INTEGUPLY PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: =Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem =Clinical exam; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pertinent psychosocial history; =Information and consultations with the treating practitioner; =Pertinent evaluations from other health care practitioners and providers; =Pertinent characteristics and information, as appropriate; =Rehabilitation evaluations; =Information negarding the local delivery system; and =Patient characteristics and information.	Molina Clinical Policy: Skin and Soft Tissue Substitutes	2/21/2024
Hyperbaric/Wound Therapy	10/1/2022	Q4128	FLEXHD ALLOPATCHHD OR MATRIX HD PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Pertinent evaluations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent characts; graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information negarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Skin and Soft Tissue Substitutes	2/21/2024
Hyperbaric/Wound Therapy	10/1/2022	Q4130	STRATTICE PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: =Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem =Clinical exam; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pertinent plan and progress notes; =Pertinent plan and consultations with the treating practitioner; =Information and consultations with the treating practitioner; =Pertinent evaluations from other health care practitioners; and providers; =Pertinent charts, graphs or photographic information, as appropriate; =Rehabilitation evaluations; =Information regarding the local delivery system; and =Patient charts, clearster sites and information.	Molina Clinical Policy: Skin and Soft Tissue Substitutes	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Hyperbaric/Wound Therapy	10/1/2022	Q4132	GRAFIX CORE AND GRAFIXPL CORE PER SQUARE CM	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical earn; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Pertinent psychosocial history; +Pertinent evaluations from other health care practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from othotographic information, as appropriate; +Rehabilitation regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Skin and Soft Tissue Substitutes	2/21/2024
Hyperbaric/Wound Therapy	10/1/2022	Q4133	GRAFIX PRM GRAFIXPL PRM STRAVIX AND STRAVIXPL P SC	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical earn; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretiment gagnostic testing results, operative and/or pathological reports; +Pertinent sychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent tevaluations from other health care practitioners and providers; +Pertinent revaluations (s; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Skin and Soft Tissue Substitutes	2/21/2024
Hyperbaric/Wound Therapy	10/1/2022	Q4150	ALLOWRAP DS OR DRY PER SQUARE CENTIMETER	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent generation and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Skin and Soft Tissue Substitutes	2/21/2024
Hyperbaric/Wound Therapy	10/1/2022	Q4151	AMNIOBAND OR GUARDIAN PER SQUARE CENTIMETER	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +Listory of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Skin and Soft Tissue Substitutes	2/21/2024
Hyperbaric/Wound Therapy	10/1/2022	Q4156	NEOX 100 OR CLARIX 100 PER SQUARE CM	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent dignostic testing results, operative and/or pathological reports; +Preatment plan and progress notes; +Pretinent dignostic testing results, operative and/or pathological reports; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners; and providers; +Pertinent extracts, graphs or photographic information, as appropriate; +Rechabilitation evaluations; +Information evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Skin and Soft Tissue Substitutes	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Hyperbaric/Wound Therapy	10/1/2022	Q4157	REVITALON PER SQUARE CENTIMETER	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent charts, graphs or photographic information, as appropriate; *Rehabilitation regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Skin and Soft Tissue Substitutes	2/21/2024
Hyperbaric/Wound Therapy	10/1/2022	Q4158	KERECIS OMEGA3 PER SQUARE CM	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Cinical exam; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pretinent genostic testing results, operative and/or pathological reports; =Pretinent psychosocial history; =Information and consultations with the treating practitioner; =Pertinent evaluations from other health care practitioners and providers; =Pertinent tevaluations from other health care practitioners and providers; =Pertinent evaluations results or photographic information, as appropriate; =Rehabilitation evaluations; =Information regarding the local delivery system; and =Patient characteristics and information.	Molina Clinical Policy: Skin and Soft Tissue Substitutes	2/21/2024
Hyperbaric/Wound Therapy	10/1/2022	Q4159	AFFINITY PER SQUARE CENTIMETER	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Skin and Soft Tissue Substitutes	2/21/2024
Hyperbaric/Wound Therapy	10/1/2022	Q4160	NUSHIELD PER SQUARE CENTIMETER	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent psychosocial history; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations from other health care practitioners and providers; +Pertinent charts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Skin and Soft Tissue Substitutes	2/21/2024
Hyperbaric/Wound Therapy	Prior to 9/1/2019	Q4162	WOUNDEX FLOW BIOSKIN FLOW 0.: CC	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent dignostic testing results, operative and/or pathological reports; +Pertinent dignostic testing results, operative and/or pathological reports; +Pertinent dispostic testing routers; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners; and providers; +Pertinent testing, graphs or photographic information, as appropriate; *Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Skin and Soft Tissue Substitutes	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Hyperbaric/Wound Therapy	Prior to 9/1/2019	Q4163	WOUNDEX BIOSKIN PER SQUARE	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical earn; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent charts, graphs or photographic information, as appropriate; *Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Skin and Soft Tissue Substitutes	2/21/2024
Hyperbaric/Wound Therapy	Prior to 9/1/2019	Q4178	FLOWERAMNIOPATCH PER SQUARE	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Cinical earny +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent diagnostic testing resoluts, operative and/or pathological reports; +Pretinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent revaluations from other health care practitioners; +Pertinent tevaluations from other health care practitioners; +Pertinent charls, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information negarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Skin and Soft Tissue Substitutes	2/21/2024
Hyperbaric/Wound Therapy	Prior to 9/1/2019	Q4179	FLOWERDERM PER SQUARE CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent revaluations from other health care practitioners; •Pertinent revaluations from other health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Skin and Soft Tissue Substitutes	2/21/2024
Hyperbaric/Wound Therapy	Prior to 9/1/2019	Q4180	REVITA PER SQUARE CM	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations from other health care practitioners and providers; +Pertinent chards; graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Skin and Soft Tissue Substitutes	2/21/2024
Hyperbaric/Wound Therapy	Prior to 9/1/2019	Q4181	AMNIO WOUND PER SQUARE CM	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent dignostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history; +Pertinent exclusions with the treating practitioner; +Pertinent exclusions from other health care practitioners; and providers; +Pertinent exclusions from other health care practitioners; +Pertinent exclusions; +Refabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Skin and Soft Tissue Substitutes	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Hyperbaric/Wound Therapy	Prior to 9/1/2019	Q4182	TRANSCYTE PER SQUARE CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent paychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other healt care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Skin and Soft Tissue Substitutes	2/21/2024
Hyperbaric/Wound Therapy	Prior to 9/1/2019	Q4186	EPIFIX PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Skin and Soft Tissue Substitutes	2/21/2024
Hyperbaric/Wound Therapy	Prior to 9/1/2019	Q4187	EPICORD PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Retabilitation evaluations; Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Skin and Soft Tissue Substitutes	2/21/2024
Hyperbaric/Wound Therapy	Prior to 9/1/2019	Q4195	PURAPLY PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Skin and Soft Tissue Substitutes	2/21/2024
Hyperbaric/Wound Therapy	Prior to 9/1/2019	Q4196	PURAPLY AM PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; - History of the presenting problem - Clinical exam; - Pertinent diagnostic testing results, operative and/or pathological reports; - Prestinent paychosocial history; - Prestinent psychosocial history; - Informations and consultations with the treating practitioner; - Pertinent evaluations from other health care practitioners; - Pertinent horts, graphs or photographic information, as appropriate; - Rehabilitation evaluations regarding the local delivery system; and - Patient characteristics and information.	Molina Clinical Policy: Skin and Soft Tissue Substitutes	2/21/202

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Hyperbaric/Wound Therapy	Prior to 9/1/2019	Q4197	PURAPLY XT PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent exaultations from there health care practitioners and providers; •Pertinent exaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Skin and Soft Tissue Substitutes	2/21/202
Hyperbaric/Wound Therapy	Prior to 9/1/2019	Q4203	DERMA-GIDE PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem =Clinical earn; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pretiment grychosocial history; =Information and consultations with the treating practitioner; =Pertinent evaluations from other health care practitioners; =Pertinent evaluations from other health care practitioners; =Pertinent teats, graphs or photographic information, as appropriate; =Rehabilitation evaluations; =Information regarding the local delivery system; and =Patient characteristics and information.	Molina Clinical Policy: Skin and Soft Tissue Substitutes	2/21/202
Hyperbaric/Wound Therapy	10/1/2022	Q4205	MEMBRANE GRAFT OR MEMBRANE WRAP PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent genometry of the presenting problem •Information and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations for other health care practitioners and providers; •Pertinent evaluations for blotographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Skin and Soft Tissue Substitutes	2/21/202
Hyperbaric/Wound Therapy	10/1/2022	Q4215	AXOLOTL AMBIENT OR AXOLOTL CRYO 0.1 MG	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical examples of the presenting problem -Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent diagnostic testing results, operative and/or pathological reports; +Pretinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent revaluations from other health care practitioners; +Pertinent revaluations from other health care practitioners; +Pertinent revaluations; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Skin and Soft Tissue Substitutes	2/21/202
Hyperbaric/Wound Therapy	10/1/2022	Q4218	SURGICORD PER SQ.CM	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical examples of the presenting problem +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent charts, graphs or photographic information, as appropriate; *Rehabilitation regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Skin and Soft Tissue Substitutes	2/21/207

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Hyperbaric/Wound Therapy	10/1/2022	Q4219	SURGIGRAFT-DUAL PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem • Clinical earm; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pertinent pan and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations from other health care practitioners and providers; • Information regarding the local delivery system; and • Patient characteristics and information.	Molina Clinical Policy: Skin and Soft Tissue Substitutes	2/21/2024
Hyperbaric/Wound Therapy	10/1/2022	Q4221	AMNIO WRAP2 PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Skin and Soft Tissue Substitutes	2/21/2024
Hyperbaric/Wound Therapy	10/1/2022	Q4231	CORPLEX P PER CC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent paychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Molina Clinical Policy: Skin and Soft Tissue Substitutes	2/21/2024
Hyperbaric/Wound Therapy	10/1/2022	Q4240	CORECYTE FOR TOPICAL USE ONLY PER 0.5 CC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations rom other health care practitioners and providers; •Pertinent evaluations rom other health care practitioners and providers; •Pertinent evaluation regarding the local delivery system; and •Patient characteristics and information	Molina Clinical Policy: Skin and Soft Tissue Substitutes	2/21/2024
Hyperbaric/Wound Therapy	1/1/2021	Q4250	AMNIOAMP-MP, PER SQUARE CENTIMETER	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent orealizations; •Information regarding the local delivery system; and •Patient characteristics and information	Molina Clinical Policy: Skin and Soft Tissue Substitutes	2/21/2024

Service Category Notes	Effective Date	Code Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Hyperbaric/Wound Therapy	1/1/2022	Q4252 VENDAJE PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Retabilitation revaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Molina Clinical Policy: Skin and Soft Tissue Substitutes	2/21/2024
Hyperbaric/Wound Therapy	7/1/2023	Q4265 NEOSTIM TL, PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent carl paraphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Molina Clinical Policy: Skin and Soft Tissue Substitutes	2/21/2024
Hyperbaric/Wound Therapy	7/1/2023	Q4266 NEOSTIM MEMBRANE PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pertinent plan and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners; • Pertinent evaluations from other health care practitioners; • Pertinent carl, argaphs or photographic information, as appropriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information	Molina Clinical Policy: Skin and Soft Tissue Substitutes	2/21/2024
Hyperbaric/Wound Therapy	7/1/2023	Q4267 EOSTIM DL PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •Hilstory of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Molina Clinical Policy: Skin and Soft Tissue Substitutes	2/21/2024
Hyperbaric/Wound Therapy	7/1/2023	Q4268 URGRAFT FT PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Molina Clinical Policy: Skin and Soft Tissue Substitutes	2/21/2024

Service Category Notes	Effective Date	Code Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Hyperbaric/Wound Therapy	7/1/2023	Q4269 SURGRAFT XT PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charlas, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Molina Clinical Policy: Skin and Soft Tissue Substitutes	2/21/2024
Hyperbaric/Wound Therapy	7/1/2023	Q4270 COMPLETE SL PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical learn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Molina Clinical Policy: Skin and Soft Tissue Substitutes	2/21/2024
Hyperbaric/Wound Therapy	7/1/2023	Q4271 COMPLETE FT PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Molina Clinical Policy: Skin and Soft Tissue Substitutes	2/21/2024
Hyperbaric/Wound Therapy	10/1/2023	Q4272 ESANO A, PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Additional information is required to define this code and determine criteria.	2/21/2024
Hyperbaric/Wound Therapy	10/1/2023	Q4273 ESANO AAA, PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the trating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information	Additional information is required to define this code and determine criteria.	2/21/2024

Service Category Notes	Effective Date	Code Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Hyperbaric/Wound Therapy	10/1/2023	Q4274 ESANO AC, PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information	Additional information is required to define this code and determine criteria.	2/21/2024
Hyperbaric/Wound Therapy	10/1/2023	Q4275 ESANO ACA, PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •Ilistory of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent paychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations rom other health care practitioners and providers; •Pertinent evaluations rom other health care practitioners and providers; •Information regarding the local delivery system; and •Patient characteristics and information	Additional information is required to define this code and determine criteria.	2/21/2024
Hyperbaric/Wound Therapy	10/1/2023	Q4276 ORION, PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent paychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations more there are practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information	Additional information is required to define this code and determine criteria.	2/21/2024
Hyperbaric/Wound Therapy	10/1/2023	Q4278 WOUNDPLUS MEMBRANE OR E- GRAFT, PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •Listory of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations regarding the local delivery system; and •Patient characteristics and information,	Additional information is required to define this code and determine criteria.	2/21/2024
Hyperbaric/Wound Therapy	10/1/2023	Q4280 XCELL AMNIO MATRIX, PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +Vistory of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information	Additional information is required to define this code and determine criteria.	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Hyperbaric/Wound Therapy	10/1/2023	Q4281	BARRERA SL OR BARRERA DL, PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent psychosocial history; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent tealizations from other health care practitioners and providers; +Pertinent realuations from other health care practitioners and providers; +Pertinent realuations from other health care practitioners and providers; +Pertinent charts, graphs or photographic information, as appropriate; *Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information	Additional information is required to define this code and determine criteria.	2/21/2024
Hyperbaric/Wound Therapy	10/1/2023	Q4282	CYGNUS DUAL, PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem =Clinical example: Pertinent diagnostic testing results, operative and/or pathological reports; =Pretinent psychosocial history; =Pretinent psychosocial history; =Information and consultations with the treating practitioner; =Pertinent evaluations from other health care practitioners and providers; =Pertinent evaluations from other health care practitioners and providers; =Pertinent realuations from other health care practitioners and providers; =Pertinent charts, graphs or photographic information, as appropriate; =Rehabilitation evaluations; =Information regarding the local delivery system; and =Patient characteristics and information	Additional information is required to define this code and determine criteria.	2/21/2024
Hyperbaric/Wound Therapy	10/1/2023	Q4283	BIOVANCE TRI-LAYER OR BIOVANCE 3L, PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent tharts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024
Hyperbaric/Wound Therapy	10/1/2023	Q4284	DERMABIND SL, PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information	Additional information is required to define this code and determine criteria.	2/21/2024
Hyperbaric/Wound Therapy	7/1/2024	Q4326	WOUNDPLUS MEMBRANE OR E-GR/	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; +Pertinent dignostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history; Information and consultations with the treating practitioner; +Pertinent distributions with the treating practitioner; +Pertinent distributions from other health care practitioners and providers; +Pertinent distributions or photographic information, as appropriate; +Rehabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information	Additional information is required to define this code and determine criteria.	9/11/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Imaging and Special Tests	Prior to 9/1/2019		CEREBRAL PERFUSION ANALYS CT W BLOOD FLOW AND VOLUME	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and progress notes; +Pertinent evaluations from other health care practitioner; +Pertinent evaluations from other health care practitioners; +Pertinent charls, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019		MYOCRD SYMPATHETIC INNERVAJ IMG PLNR QUAL AND QUANT	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Cinical eases +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent gaschic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and progress notes; +Pertinent evaluations from other health care practitioner; +Pertinent travialisations of the rottographic information, as appropriate; +Rehabilitation evaluations; +Information negarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019		MYOCRD SYMP INNERVAJ IMG PLNF QUAL AND QUANT W SPECT	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and progress notes; +Pertinent evaluations from other health care practitioner; +Pertinent valuations from other health care practitioners; +Pertinent charls, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/2024
Imaging and Special Tests	1/1/2021	0609T I	MRS DISC PAIN ACQUISJ DATA	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent characteristics and information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/2024
Imaging and Special Tests	1/1/2021	0610T I	MRS DISC PAIN TRANSMIS DATA	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history; +Pertinent evaluations from other health care practitioner; +Pertinent evaluations from other health care practitioner; +Pertinent evaluations; +Rehabilitation evaluations; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/2024

Service Category Notes	Effective Date	Code Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Imaging and Special Tests	1/1/2021	0611T MRS DISC PAIN ALG ALYS DATA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/202
Imaging and Special Tests	1/1/2021	0612T MRS DISCOGENIC PAIN I&R	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitiones; and providers; •Pertinent totars, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/202
Imaging and Special Tests	1/1/2022	0623T AUTO QUAN and CHARAC CORONARY ATHEROSCLEROTIC PLAQUE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/202
Imaging and Special Tests	1/1/2022	0624T AUTO QUAN and CHARAC CORONARY PLAQ DATA PREP and TRNSMIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent carls, raphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/202
Imaging and Special Tests	1/1/2022	0625T AUTO QUAN and CHARAC CORONARY PLAQ COMPUTERIZED ALYS	Information generally required to support authorization decision making includes, but not limited to: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem - Clinical exam; - Pertinent diagnostic testing results, operative and/or pathological reports; - Treatment plan and progress notes; - Pertinent psychosocial history; - Information and consultations with the treating practitioner; - Pertinent evaluations from other health care practitioner; - Pertinent testing information set on photographic information, as appropriate; - Rehabilitation evaluations; - Information regarding the local delivery system; and - Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/202

Service Category Notes	Effective Date	Code I	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Imaging and Special Tests	1/1/2022	0626T AUTO QUAN a CORONARY PI and R	and CHARAC LAQ REV CPTR ALYS I	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and +Patient characteristics and information	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/20:
Imaging and Special Tests	1/1/2021	0633T CT BREAST W, WITHOUT COI		Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners; +Pertinent charls, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/202
Imaging and Special Tests	1/1/2021	0634T CT BREAST W/ WITH CONTR/		Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretiment paychosocial history; •Information and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and *Patient characteristics and information	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/20:
Imaging and Special Tests	1/1/2021	0635T CT BRST W/3E CNTRST FLWD		Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and progress notes; +Pertinent evaluations from other health care practitioner; +Pertinent tavaluations from other health care practitioners; +Pertinent tavaluations from other health care practitioners; +Pertinent chards; graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/20
Imaging and Special Tests	1/1/2021	0636T CT BREAST W/ WITHOUT COI		Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent dignostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent paychosocial history: +Information and consultations with the treating practitioner; +Pertinent exaluations from other health care practitioners; and providers; +Pertinent exaluations from other health care practitioners; and providers; +Pertinent exaluations from other health care practitioners; and providers; +Pertinent exaluations; +Information regarding the local delivery system; and +Patient characteristics and information	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/20

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized		Date of Annual Review
Imaging and Special Tests	1/1/2021	0637T	CT BREAST W/3D RENDERING BI WITH CONTRAST	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history; •Information and consultations with the treating practitioner; •Pertinent exaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/2024
Imaging and Special Tests	1/1/2021	0638T	CT BRST W/3D RENDERING BI WO CNTRST FLWD CNTRST	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem =Clinical exam; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pertinent agnostic stroing results, operative and/or pathological reports; =Pertinent psychosocial history; =Information and consultations with the treating practitioner; =Pertinent chaladisons for other health care practitioners; =Pertinent chals, graphs or photographic information, as appropriate; =Rehabilitation evaluations; =Information regarding the local delivery system; and =Patient characteristics and information	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/2024
Imaging and Special Tests	1/1/2022	0689T	QUAN US TISS CHARAC I and R W/O DX US SAME ANAT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations reparable or hotographic information, as appropriate; •Information negarding the local delivery system; and *Patient characteristics and information	Third Party Proprietary Criteria		2/21/202
Imaging and Special Tests	1/1/2022	0710T	N-INVAS ARTL PLAQ ALYS DATA PRP QUAN REVIEW I and R	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners; +Pertinent charls, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information	Texas Medicaid Provider Procedures Manual	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/202
Imaging and Special Tests	1/1/2022	0711T	N-INVAS ARTL PLAQ ALYS DATA PREP and TRANSMISSION	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent plan and progress notes; +Pertinent plan and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioner; +Pertinent evaluations from other health care practitioner; +Pertinent evaluations from other health care practitioner; +Pertinent evaluations (motographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information	Texas Medicaid Provider Procedures Manual	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/202

Service Category Notes	Effective Date	Code Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Imaging and Special Tests	1/1/2022	0712T N-INVAS ARTL PLAQ ALYS QUAN STRUX and COMPOS VSL WAL	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem • Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; • Pertinent paychosocial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners; • Pertinent evaluations from other health care practitioners; • Pertinent evaluations; • Rehabilitation evaluations; • Rehabilitation evaluations; • Addition regarding the local delivery system; and • Patient characteristics and information	Texas Medicaid Provider Procedures Manual	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/202
Imaging and Special Tests	1/1/2022	0713T N-INVAS ARTL PLAQ ALYS DATA REVIEW I and R	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical seam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent own the seame of the se	Texas Medicaid Provider Procedures Manual	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/20:
Imaging and Special Tests	Prior to 9/1/2019	70450 CT HEAD BRAIN W O CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •Iistory of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent own the submit of the submit o	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/20
Imaging and Special Tests	Prior to 9/1/2019	70460 CT HEAD BRAIN W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •Ilistory of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations rom other health care practitioners and providers; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/20
Imaging and Special Tests	Prior to 9/1/2019	70470 CT HEAD BRAIN W O AND W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +listory of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretriment diagnostic testing results, operative and/or pathological reports; •Pretriment diagnostic testing results, operative and/or pathological reports; •Pretriment data nd consultations with the treating practitioner; •Pertriment charls, graphs or photographic information, as appropriate; •Retabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/20

Service Category Notes	Effective Date	Code Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Imaging and Special Tests	Prior to 9/1/2019	70490 CT SOFT TISSUE NECK W O CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: *Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; *History of the presenting problem Clinical exam; *Pertinent diagnostic testing results, operative and/or pathological reports; *Treatment plan and progress notes; *Pertinent psychosocial history; *Information and consultations with the relating practitioner; *Pertinent clausitons from other health care practitioners and providers; *Pertinent totarts, graphs or photographic information, as appropriate; *Rehabilitation regarding the local delivery system; and *Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/202
Imaging and Special Tests	Prior to 9/1/2019	70491 CT SOFT TISSUE NECK W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical earn; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent grychosocial history; +Information and corgens notes; +Pertinent evaluations from other health care practitioner; +Pertinent traditions other health care practitioners and providers; +Pertinent traditions from other health care practitioners and providers; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations from other health care practitioners and providers; +Pertinent chards, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/202
Imaging and Special Tests	Prior to 9/1/2019	70492 CT SOFT TISSUE NECK W O AND W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +Listory of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent revaluations from other health care practitioners and providers; +Pertinent tevaluations from other health care practitioners and providers; +Pertinent revaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/202
Imaging and Special Tests	Prior to 9/1/2019	70496 CT ANGIOGRAPHY HEAD W CONTRAST NONCONTRAST	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretiment psychosocial history; +Information and consultations with the treating practitioner; +Pertinent revaluations from other health care practitioners; +Pertinent revaluations from other health care practitioners; +Pertinent charls, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/20:
Imaging and Special Tests	Prior to 9/1/2019	70498 CT ANGIOGRAPHY NECK W CONTRAST NONCONTRAST	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent dignostic testing results, operative and/or pathological reports; +Treatment psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners; and providers; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations: +Information evaluations; +Retnabilitation evaluations; +Retnabilitation evaluations; +Retnabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/20:

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Imaging and Special Tests	Prior to 9/1/2019		MRI ORBIT FACE AND NECK W O CONTRAST	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent ganostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/20
Imaging and Special Tests	Prior to 9/1/2019		MRI ORBIT FACE AND NECK W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and progress notes; +Pertinent evaluations from other health care practitioner; +Pertinent evaluations form other health care practitioner; +Pertinent charls, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information negarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/202
Imaging and Special Tests	Prior to 9/1/2019		MRI ORBIT FACE AND NECK W O AND W CONTRAST MATRL	Information generally required to support authorization decision making includes, but not limited to: =Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; =History of the presenting problem =Clinical exam; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pertinent psychosocial history; =Information and progress notes; =Pertinent evaluations from other health care practitioner; =Pertinent evaluations from other health care practitioners; =Pertinent charls, graphs or photographic information, as appropriate; =Rehabilitation evaluations; =Information regarding the local delivery system; and =Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/20
Imaging and Special Tests	Prior to 9/1/2019	70544	MRA HEAD W O CONTRST MATERIAI	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information negarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/20
Imaging and Special Tests	Prior to 9/1/2019	70545	MRA HEAD W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent dignostic testing results, operative and/or pathological reports; +Pertinent testing services and consultations with the treating practitioner; +Pertinent exaluations from other health care practitioners; +Pertinent testing, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/20

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annua Review
Imaging and Special Tests	Prior to 9/1/2019		MRA HEAD W O AND W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/20
Imaging and Special Tests	Prior to 9/1/2019	70547	MRA NECK W O CONTRST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent paychosocial history; •Information and progress notes; •Pertinent evaluations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent chals, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/20
Imaging and Special Tests	Prior to 9/1/2019	70548	MRA NECK W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and progress notes; •Pertinent evaluations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information negarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/20
Imaging and Special Tests	Prior to 9/1/2019		MRA NECK W O AND W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychoscial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/20
Imaging and Special Tests	Prior to 9/1/2019		MRI BRAIN BRAIN STEM W O CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent path and progress notes; -Pertinent takan do consultations with the treating practitioner; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent evaluations; -Pertinent chars, graphs or photographic information, as appropriate; -Rehalilitation evaluations; +Information regarding the local delivery system; and -Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/20

Service Category Notes	Effective Date	Code Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Imaging and Special Tests	Prior to 9/1/2019	70552 MRI BRAIN BRAIN STEM W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychosocial history: • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners; • Pertinent evaluations from other health care practitioners; • Pertinent evaluations from other health care practitioners; • Rehabilitation evaluations; • Rehabilitation evaluations; • Archinent evaluations from the local delivery system; and • Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/202
Imaging and Special Tests	Prior to 9/1/2019	70553 MRI BRAIN BRAIN STEM W O W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical seam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Irreatment plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent orealization evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/202
Imaging and Special Tests	Prior to 9/1/2019	70554 MRI BRAIN FUNCTIONAL W O PHYSICIAN ADMNISTRATION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent evaluations from other health care practitioner; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent evaluation regarbs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/20;
Imaging and Special Tests	Prior to 9/1/2019	70555 MRI BRAIN FUNCTIONAL W PHYSICIAN ADMNISTRATION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent evaluation regarbs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/20:
Imaging and Special Tests	Prior to 9/1/2019	71275 CT ANGIOGRAPHY CHEST W CONTRAST NONCONTRAST	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Cilinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent trants, graphs or photographic information, as appropriate; •Renabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/20

Service Category Notes	Effective Date	Code Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Imaging and Special Tests	Prior to 9/1/2019	71550 MRI CHEST W O CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chalactions for bhotographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/20;
Imaging and Special Tests	Prior to 9/1/2019	71551 MRI CHEST W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem =Clinical earn; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pertinent genometry and progress notes; =Pertinent psychosocial history; =Information and consultations with the treating practitioner; =Pertinent revaluations from other health care practitioners; =Pertinent revaluations from other health care practitioners; =Pertinent revaluations (; =Pertinent revaluations (; =Pertinent revaluations; =Pertinent revaluations; =Pertinent chards; graphs or photographic information, as appropriate; =Rehabilitation evaluations; =Information regarding the local delivery system; and =Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/202
Imaging and Special Tests	Prior to 9/1/2019	71552 MRI CHEST W O AND W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progres notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations; +Pertinent revaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/202
Imaging and Special Tests	Prior to 9/1/2019	71555 MRA CHEST W O AND W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent revaluations from other health care practitioners; +Pertinent revaluations from other health care practitioners and providers; +Pertinent treating routing in linformation, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/20
Imaging and Special Tests	Prior to 9/1/2019	72125 CT CERVICAL SPINE W O CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent dignostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent dignostic testing structures and providers; +Pertinent exaluations with the treating practitioner; +Pertinent exaluations from other health care practitioners; and providers; +Pertinent exaluations from other health care practitioners; and providers; +Pertinent exaluations; +Retnabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/20

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Imaging and Special Tests	Prior to 9/1/2019	72126	CT CERVICAL SPINE W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychosocial history; • Information and consultations with the reating practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations from ther health care practitioners and providers; • Rehabilitation regarding the local delivery system; and • Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	72127	CT CERVICAL SPINE W O AND W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pain and progress notes; •Pertinent psychosocial history: •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent networks; •Pertinent networks; •Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	72128	CT THORACIC SPINE W O CONTRAS	T Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Cinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Prentinent pan and progress notes; •Pertinent evaluations into the reating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and propriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	72129	CT THORACIC SPINE W CONTRAST	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent provide the strain and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charls, graphs or photographic information, as appropriate; •Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/202
Imaging and Special Tests	Prior to 9/1/2019	72130	CT THORACIC SPINE W O AND W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Olinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pain and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent exaluations from other health care practitioners and providers; •Pertinent exaluations from other health care practitioner, appropriate; •Rehabilitation evaluations; •Information explautions; •Information explauti	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/202

Service Category Notes	Effective Date	Code Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Imaging and Special Tests	Prior to 9/1/2019	72131 CT LUMBAR SPINE W O CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; *History of the presenting problem •Clinical earm; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/20
Imaging and Special Tests	Prior to 9/1/2019	72132 CT LUMBAR SPINE W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical earns; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent treats, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/20
Imaging and Special Tests	Prior to 9/1/2019	72133 CT LUMBAR SPINE W O AND W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent tarts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/20
Imaging and Special Tests	Prior to 9/1/2019	72141 MRI SPINAL CANAL CERVICAL W O CONTRAST MATRL	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent revaluations from other health care practitioners and providers; +Pertinent treats, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/20
Imaging and Special Tests	Prior to 9/1/2019	72142 MRI SPINAL CANAL CERVICAL W CONTRAST MATRL	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertiment dignostic testing results, operative and/or pathological reports; +Pretiment patient psychosocial history; +Pretiment psychosocial history; +Pretiment exaluations with the treating practitioner; +Pertiment exaluations from other health care practitioners and providers; +Pertiment exaluations from other health care practitioner, appropriate; +Retinent exaluations from other health care practitioner, appropriate; +Retinent inters, graphs or photographic information, as appropriate; +Retinent interscriptions and information. *Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/20

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Imaging and Special Tests	Prior to 9/1/2019	72146	MRI SPINAL CANAL THORACIC W O CONTRAST MATRL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chals.or soft ther health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information negarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	72147	MRI SPINAL CANAL THORACIC W CONTRAST MATRL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent tayling or other health care practitioners, •Pertinent caluations from other health care practitioners; •Pertinent caluations (: eNehabilitation evaluations; information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	72148	MRI SPINAL CANAL LUMBAR W O CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent tradits, graphs or photographic information, as appropriate; *Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	72149	MRI SPINAL CANAL LUMBAR W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; eInformation and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent tradingt on the nealth care practitioners; •Pertinent characteristics and information, as appropriate; •Information negarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	72156	MRI SPINAL CANAL CERVICAL W O AND W CONTR MATRL	Information generally required to support authorization decision making includes, but not limited to: *Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; *History of the presenting problem *Clinical exam; *Pertinent diagnostic testing results, operative and/or pathological reports; *Pertinent appropriations with the treating practitioner; *Pertinent evaluations from other health care practitioners; *Pertinent evaluations from other health care practitioners; *Pertinent evaluations from other health care practitioners; *Pertinent evaluations; *Rehabilitation evaluations; *Information evaluation; *Informati	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/2024

Service Category Notes	Effective Date	Code Definiti	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Imaging and Special Tests	Prior to 9/1/2019	72157 MRI SPINAL CANAL T AND W CONTR MAT		Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/202
Imaging and Special Tests	Prior to 9/1/2019	72158 MRI SPINAL CANAL L AND W CONTR MAT		Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/20;
Imaging and Special Tests	Prior to 9/1/2019	72159 MRA SPINAL CANAL CONTRAST MATERIA	WO information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent charts, graphs or photographic information, as appropriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information.	Molina Clinical Policy: MRI Angiography Spinal Canal	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/202
Imaging and Special Tests	Prior to 9/1/2019	72191 CT ANGIOGRAPHY PE CONTRAST NONCON		Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/20
Imaging and Special Tests	Prior to 9/1/2019	72192 CT PELVIS W O CONT	AST MATERIAL information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +listory of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Freatment plan and progress notes; -Pertinent diagnostic testing results, operative and/or pathological reports; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners; -Pertinent evaluations; -Pertinent evaluations; -Information angering the local delivery system; and -Information regarding the local delivery system; and	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/20

Service Category Notes	Effective Date	Code Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annua Review
Imaging and Special Tests	Prior to 9/1/2019	72193 CT PELVIS W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/20
Imaging and Special Tests	Prior to 9/1/2019	72194 CT PELVIS W O AND W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Pertinent charts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/20
Imaging and Special Tests	Prior to 9/1/2019	72195 MRI PELVIS W O CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pretinent generation and progress notes; =Pertinent psychosocial history; =Information and consultations with the treating practitioner; =Pertinent revaluations from other health care practitioners and providers; =Pertinent evaluations from other health care practitioners and providers; =Pertinent charts, graphs or photographic information, as appropriate; =Rehabilitation evaluations; =Information regarding the local delivery system; and =Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/20
Imaging and Special Tests	Prior to 9/1/2019	72196 MRI PELVIS W CONTRAST MATERIAI	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent tharts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/20
Imaging and Special Tests	Prior to 9/1/2019	72197 MRI PELVIS W O AND W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent dignostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent paychosocial history; +Information and consultations with the treating practitioner; +Pertinent exaluations from other health care practitioners and providers; +Pertinent exaluations from other health care practitioner; and providers; +Pertinent exaluations from other health care practitioner; and providers; +Pertinent exaluations from other health care practitioner; and providers; +Rethabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/20

Service Category Notes	Effective Date	Code Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Imaging and Special Tests	Prior to 9/1/2019	72198 MRA PELVIS W WO CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	73218 MRI UPPER EXTREMITY OTH THAN W O CONTR MATRL	T information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +Ulinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent orallo, space of the organise	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	73219 MRI UPPER EXTREMITY OTH THAN W CONTR MATRL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioner, appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	73220 MRI UPPER EXTREM OTHER THAN J W O AND W CONTRAS	T information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •Ilistory of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioner, •Pertinent evaluations regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	73221 MRI ANY JT UPPER EXTREMITY W C CONTRAST MATRL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pain and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations: •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/2024

Service Category Notes	Effective Date	Code Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Imaging and Special Tests	Prior to 9/1/2019	73222 MRI ANY JT UPPER EXTREMITY W CONTRAST MATRL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations; •Pertinent evaluations; •Pertinent evaluations; •Pertinent evaluations; •Pertinent evaluations; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/20
Imaging and Special Tests	Prior to 9/1/2019	73223 MRI ANY JT UPPER EXTREMITY W C AND W CONTR MATRL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioner and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent care and providers; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/20;
Imaging and Special Tests	Prior to 9/1/2019	73225 MRA UPPER EXTREMITY W WO CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent paychosocial history; •Information and consultations with the trating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent nervice results; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/20
Imaging and Special Tests	Prior to 9/1/2019	73718 MRI LOWER EXTREM OTH THN JT V O CONTR MATRL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent diagnostic testing results, operative and/or pathological reports; •Information and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioner and providers; •Pertinent evaluations rom other health care practitioner, •Rehabilitation evaluations; Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/20
Imaging and Special Tests	Prior to 9/1/2019	73719 MRI LOWER EXTREM OTH THN JT V CONTRAST MATRL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent diagnostic testing results, operative and/or pathological reports; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/20

Service Category Notes	Effective Date	Code Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annua Review
Imaging and Special Tests	Prior to 9/1/2019	73720 MRI LOWER EXTREM OTH THN JT W O AND W CONTR MATR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/20
Imaging and Special Tests	Prior to 9/1/2019	73721 MRI ANY JT LOWER EXTREM W O CONTRAST MATRL	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical earns +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and progress notes; +Pertinent evaluations from other health care practitioner; +Pertinent evaluations form other health care practitioners; +Pertinent charls, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/20
Imaging and Special Tests	Prior to 9/1/2019	73722 MRI ANY JT LOWER EXTREM W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent thats, graphs or photographic information, as appropriate; *Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/20
Imaging and Special Tests	Prior to 9/1/2019	73723 MRI ANY JT LOWER EXTREM W O AND W CONTRAST MATRL	Information generally required to support authorization decision making includes, but not limited to: *Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; *History of the presenting problem *Clinical exam; *Pertinent diagnostic testing results, operative and/or pathological reports; *Pertinent psychosocial history; *Information and progress notes; *Pertinent evaluations from other health care practitioner; *Pertinent evaluations from other health care practitioners; *Pertinent characts, graphs or photographic information, as appropriate; *Rehabilitation evaluations; *Information negarding the local delivery system; and *Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/20
Imaging and Special Tests	Prior to 9/1/2019	73725 MRA LOWER EXTREMITY W WO CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: *Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; *History of the presenting problem *Clinical exam; Pertinent diganostic testing results, operative and/or pathological reports; *Pertinent pathorsonic the starger services and/or pathological reports; *Pertinent pathorsonic testing practitioner; *Pertinent exaluations from other health care practitioner; *Pertinent exaluations from other health care practitioner; *Pertinent exaluations from other health care practitioner; *Pertinent exaluations inform other health care practitioner; *Rethabilitation evaluations; *Information regarding the local delivery system; and *Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/20

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Imaging and Special Tests	Prior to 9/1/2019	74150 CT ABDOMEN W O CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Inicial earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/203
Imaging and Special Tests	Prior to 9/1/2019	74160 CT ABDOMEN W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluation seques on botographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/20;
Imaging and Special Tests	Prior to 9/1/2019	74170 CT ABDOMEN W O AND W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent paychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent carls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/202
Imaging and Special Tests	Prior to 9/1/2019	74174 CT ANGIO ABD AND PLVIS CNTRST MTRL W WO CNTRST IMG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +Ilistory of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/20:
Imaging and Special Tests	Prior to 9/1/2019	74175 CT ANGIOGRAPHY ABDOMEN W CONTRAST NONCONTRAST	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent diagnostic testing results, operative and/or pathological reports; •Information and consultations with the treating practitioner; •Pertinent darks, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/20:

Service Category Notes	Effective Date	Code Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Imaging and Special Tests	Prior to 9/1/2019	74176 CT ABDOMEN AND PELVIS W O CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent psychosocial history; -Information and consultations with the reating practitioner; -Pertinent evaluations from other health care practitioner; -Pertinent totars, graphs or photographic information, as appropriate; -Rehabilitation regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/202
Imaging and Special Tests	Prior to 9/1/2019	74177 CT ABDOMEN AND PELVIS W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent revaluations from other health care practitioners and providers; •Pertinent nevaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/20;
Imaging and Special Tests	Prior to 9/1/2019	74178 CT ABDOMEN AND PELVIS W O CONTRST 1 OR GRT BODY RE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners; •Pertinent nerves or botographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/20
Imaging and Special Tests	Prior to 9/1/2019	74181 MRI ABDOMEN W O CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent nevaluations (s) •Pertinent nevaluations (s) •Pertinent nevaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/20
Imaging and Special Tests	Prior to 9/1/2019	74182 MRI ABDOMEN W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent paychosocial history; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent evaluations from other health care practitioners and providers; -Pertinent evaluations. -Rehabilitation evaluations; -Information evaluati	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/20

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Imaging and Special Tests	Prior to 9/1/2019	74183 MRI ABDOMEN W O AND W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/20
Imaging and Special Tests	Prior to 9/1/2019	74185 MRA ABDOMEN W WO CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent ganostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent revaluations (s); •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/20
Imaging and Special Tests	Prior to 9/1/2019	74261 CT COLONOGRPHY DX IMAGE POSTPROCESS W O CONTRAST	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent tevaluations from other health care practitioners and providers; •Pertinent results or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/20
Imaging and Special Tests	Prior to 9/1/2019	74262 CT COLONOGRPHY DX IMAGE POSTPROCESS W CONTRAST	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history; Information and consultations with the treating practitioner; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations mother health care practitioners, appropriate; +Rechabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/20
Imaging and Special Tests	Prior to 9/1/2019	74263 CT COLONOGRAPHY SCREENING IMAGE POSTPROCESSING	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent dignostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent exaluations from other health care practitioners and providers; +Pertinent exaluations from other health care practitioners; and providers; +Rethabilitation evaluations; +Information evaluations; +Rethabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/20

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Imaging and Special Tests	Prior to 9/1/2019	75557 CARDIAC MRI MORPHOLOGY AND FUNCTION W O CONTRAST	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/20:
Imaging and Special Tests	Prior to 9/1/2019	75559 CARDIAC MRI W O CONTRAST W STRESS IMAGING	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; -Pertinent psychosocial history; Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent evaluations from other health care practitioners and providers; -Pertinent revaluations (s); Information regarding the local delivery system; and -Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/20:
Imaging and Special Tests	Prior to 9/1/2019	75561 CARDIAC MRI W WO CONTRAST AND FURTHER SEQ	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history; •Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Pertinent realuations from other health care practitioners and providers; +Pertinent nevaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/20
Imaging and Special Tests	Prior to 9/1/2019	75563 CARDIAC MRI W W O CONTRAST W STRESS	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent psychosocial history; +Pertinent psychosocial history; Information and consultations with the treating practitioner; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations (s); Hoformation regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/20
Imaging and Special Tests	Prior to 9/1/2019	75571 CT HEART NO CONTRAST QUANT EVAL CORONRY CALCIUM	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent dignostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent paychosocial history; -Information and consultations with the treating practitioner; -Pertinent exaluations from other health care practitioners; and providers; -Pertinent exats, graphs or photographic information, as appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/20

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements Criteria Utilized	Notes	Date of Annual Review
Imaging and Special Tests	Prior to 9/1/2019		CT HEART CONTRAST EVAL CARDIAC STRUCTURE AND MORPH	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Cellinical earn; Perfinent diagnostic testing results, operative and/or pathological reports; Perfinent psychosodial history; Information and progress notes; Perfinent psychosodial history; Information and progress notes; Perfinent chaltations from other health care practitioner; Perfinent chaltations for other pathological information, as appropriate; Perfinent chaltations (information, as appropriate; Perfinent chaltations (information, as appropriate; Perfinent chaltations (information, as approp	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019		CT HRT CONTRST CARDIAC STRUCT AND MORPH CONG HRT D	Information generally required to support authorization decision making includes, but not limited to:	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019		CTA HRT CORNRY ART BYPASS GRFTS CONTRST 3D POST	Information generally required to support authorization decision making includes, but not limited to: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem - Clinical earn; - Pertinent diagnostic testing results, operative and/or pathological reports; - Pertinent psychosocial history; - Information and consultations with the treating practitioner; - Pertinent caluators from other health care practitioners and providers; - Pertinent chalts, sraphs or photographic information, as appropriate; - Rehabilitation evaluation; - Information regarding the local delivery system; and + Patient characteristics and information Third Party Proprietary Criteria - Clinical earn; - Pertinent explose contex; - Pertinent evaluations with the treating practitioner; - Pertinent characteristics and information Contexplay the local delivery system; and - Patient characteristics and information Contexplay the local delivery system; and - Patient characteristics and information Contexplay the local delivery system; and - Patient characteristics and information Contexplay the contexplay the local delivery system; and - Patient characteristics and information Contexplay the contexplay the local delivery system; and - Patient characteristics and information Contexplay the contexplay the local delivery system; and - Patient characteristics and information Contexplay the contexplay the local delivery system; and - Patient characteristics and information Contexplay the contexplay the local delivery system; and - Patient characteristics and information Contexplay the contexplay the local delivery system; and - Patient characteristics and information Contexplay the contexplay the local delivery system; and - Patient characteristics and information Contexplay the c	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019		CTA ABDL AORTA AND BI ILIOFEM W CONTRAST AND POSTP	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; -Litracure problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent psychosocial history; -Pertinent evaluations with the treating practitioner; -Pertinent caracteristics and information. Third Party Proprietary Criteria Third Party Proprietary Criteria Third Party Proprietary Criteria Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019		3D RENDERING W INTERP AND POSTPROCESS SUPERVISION	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical esam; Pertinent diagnostic testing results, operative and/or pathological reports; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent characteristics on ther health care practitioners; Pertinent characteristics and information. Molina Clinical Policy: 3D Interpretation and Reporting of Imaging Studies Information regarding the local delivery system; and Partinent characteristics and information.	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Imaging and Special Tests	Prior to 9/1/2019	76377	3D RENDERING W INTERP AND POSTPROC DIFF WORK STATION	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +Listory of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent approximation and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and propriate; +Rehabilitation evaluations; +Information negarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: 3D Interpretation and Reporting of Imaging Studies	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/2024
Imaging and Special Tests	4/1/2021	76390	MRI SPECTROSCOPY	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretiment graphs contes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	76391	MAGNETIC RESONANCE ELASTOGRAPHY	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem *Clinical examples of the presenting problem *Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and progress notes; *Pertinent evaluations from other health care practitioner; +Pertinent tradits, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and *Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	76497	UNLISTED COMPUTED TOMOGRAPHY PROCEDURE	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +Listory of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent characteristics and history system; and +Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	76498	UNLISTED MAGNETIC RESONANCE PROCEDURE	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent plan and progress notes; +Pertinent pychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners; +Pertinent evaluations from other health care practitioners; +Pertinent evaluations prographic information, as appropriate; *Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/2024

Service Category Notes	Effective Date	Code Definitio	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Imaging and Special Tests	Prior to 9/1/2019	77046 MRI BREAST WITHOUT MATERIAL UNILATERA	NTRAST Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent charlactions from other health care practitioner; • Pertinent charlactions from other health care practitioner; • Pertinent charlactions from other health care practitioner; • Rehabilitation evaluations; • Pertinent charlactions from other health care practitioner; • Pertinent charlactions from other health care practitioner; • Pertinent charlactions from other health care practitioner; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/202
Imaging and Special Tests	Prior to 9/1/2019	77047 MRI BREAST WITHOUT MATERIAL BILATERAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history: •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	77048 MRI BREAST W OUT A CONTRAST W CAD UN		Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/202
Imaging and Special Tests	Prior to 9/1/2019	77049 MRI BREAST WITHOUT CONTRAST W CAD BIL		Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/202
Imaging and Special Tests	Prior to 9/1/2019	77261 THERAPEUTIC RADIOL PLANNING SIMPLE	 v TX Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent pay classifies and consultations with the treating practitioner; Pertinent evaluations from other health care practitioner; Pertinent evaluations from other health care practitioner; Rehabilitation evaluations; Information adding the local delivery system; and Patient chars; carding the local delivery system; and Patient chars; and information. 	Third Party Proprietary Criteria		2/21/202

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized		Date of Annual Review
Imaging and Special Tests	Prior to 9/1/2019	77372	RADIATION DELIVERY STEREOTACTIC CRANIAL LINEAR	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretiment group and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations; +Rehabilitation evaluations; +Information negarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	77385	INTENSITY MODULATED RADIATION	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical examples of the presenting problem Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations (: Hoformation regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	77425	INTRAOP RADIAJ TX DELIVER ELECTRONS SNGL TX SESS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent revaluations from other health care practitioners and providers; •Pertinent revaluations from other health care practitioners and providers; •Pertinent revaluations; •Pertinent revaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	78206	LIVER IMAGING SPECT W VASCULAR FLOW	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; *Pertinent diagnostic testing results, operative and/or pathological reports; *Pretiment psychosocial history; +Information and consultations with the treating practitioner; *Pertinent evaluations from other health care practitioners and providers; *Pertinent traductions from other health care practitioners; *Pertinent traductions from other health care practitioners; *Pertinent nealuations from other health care practitioners; *Pertinent nealuations; information regarding the local delivery system; and *Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Imaging and Special Tests	4/1/2020	78429	MYOCRD IMG PET METAB EVAL SINGLE STUDY CNCRNT CT	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent chards, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Imaging and Special Tests	4/1/2020		DCRD IMG PET PRFUJ 1STD //STRESS CNCRNT CT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent grant and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chaladions from other health care practitioners and providers; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/2024
Imaging and Special Tests	4/1/2020		DCRD IMG PET PRFUJ MLT STD AND STRS CNCRNT CT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent agnostic storing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chaladosins from other health care practitioners; •Pertinent chaladosins from other health care practitioner; •Pertinent chaladosins from other health care practice and provider; •Pertinent chaladosins from other health care practice and provider; •Pertinent chaladosins from other health care practitioner; •Pertinent chalad	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/2024
Imaging and Special Tests	4/1/2020		DCRD IMG PET PRFUJ W/METAB	Information generally required to support authorization decision making includes, but not limited to: *Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; *History of the presenting problem *Clinical exam; *Pertinent diagnostic testing results, operative and/or pathological reports; *Pertinent psychosocial history; *Information and progress notes; *Pertinent evaluations from other health care practitioner; *Pertinent evaluations from other health care practitioners; *Pertinent thats, graphs or photographic information, as appropriate; *Rehabilitation evaluations; *Information regarding the local delivery system; and *Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/2024
Imaging and Special Tests	4/1/2020		DCRD IMG PET PRFUJ W/METAB RACER CNCRNT CT	Information generally required to support authorization decision making includes, but not limited to: *Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; *History of the presenting problem *Clinical exam; *Pertiment diagnostic testing results, operative and/or pathological reports; *Pertiment psychosocial history; *Pertiment psychosocial history; *Pertiment evaluations with the treating practitioner; *Pertiment thats, graphs or photographic information, as appropriate; *Pertiment characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019		DCARDIAL SPECT SINGLE STUDY	Information generally required to support authorization decision making includes, but not limited to: *Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; *History of the presenting problem *Clinical exam; *Pertinent diagnostic testing results, operative and/or pathological reports; *Pertinent plan and progress notes; *Pertinent plan and consultations with the treating practitioner; *Information and consultations with the treating practitioner; *Pertinent evaluations from other health care practitioners; *Pertinent exaluations from other health care practitioners; *Pertinent charts, graphs or photographic information, as appropriate; *Rehabilitation evaluations; *Information regarding the local delivery system; and *Patient charts, ceristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/2024

Service Category Notes	Effective Date	Code Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Imaging and Special Tests	Prior to 9/1/2019	78452 MYOCARDIAL SPECT MULTIPLE STUDIES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charls; graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/20
Imaging and Special Tests	Prior to 9/1/2019	78453 MYOCARDIAL PERFUSION PLANAR 1 STUDY REST STRES	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretiment gasnost testing results, operative and/or pathological reports; +Pretiment psychosocial history; +Information and consultations with the treating practitioner; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations; +Pertinent revaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/20
Imaging and Special Tests	Prior to 9/1/2019	78454 MYOCARDIAL PERFUSION PLANAR MULTIPLE STUDIES	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +Listory of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations (s); +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/20
Imaging and Special Tests	Prior to 9/1/2019	78459 MYOCARDIAL IMAGING PET METABOLIC EVALUATION	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +Listory of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent revaluations from other health care practitioners and providers; +Pertinent treatures protographic information, as appropriate; +Rehabilitation evaluations; Hinformation regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/20
Imaging and Special Tests	Prior to 9/1/2019	78466 MYOCARDIAL IMAGING INFARCT AVID PLANAR QUAL QUAN	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent dignostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; *Pertinent pathgranstic testing practitioner; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent exclusions from other health care practitioner, appropriate; +Retinent paychastion revaluations; +Retinent negaring the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/20

Service Category Notes	Effective Date	Code Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Imaging and Special Tests	Prior to 9/1/2019	78468 MYOCRD IMG INFARCT AVID EIEC FXJ 1ST PS TQ	PLNR Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from Other health care practitioners; • Pertinent traits, graphs or photographic information, as appropriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/202
Imaging and Special Tests	Prior to 9/1/2019	78469 MYOCRD INFARCT AVID PLN TOMOG SPECT W WO QUAN		Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/202
Imaging and Special Tests	Prior to 9/1/2019	78472 CARD BLOOD POOL GATED P 1 STUDY REST STRESS	LANAR Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent explosional history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners; • Pertinent evaluations; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/20:
Imaging and Special Tests	Prior to 9/1/2019	78473 CARD BL POOL GATED MLT S WAL MOTN EJECT FRACT	TDY Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent plan and progress notes; •Pertinent exploatal history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/20
Imaging and Special Tests	Prior to 9/1/2019	78481 CARD BL POOL PLANAR 1 STI MOTN EJECT FRACT	by WAL Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent charly, arghes or photographic information, as appropriate; • Rechabilitation evaluations; • Information regarding the local delivery system; and • Patient charst_graphics us on information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/20

Service Category Notes	Effective Date	Code Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Imaging and Special Tests	Prior to 9/1/2019	78483 CARD BL POOL PLNR MLT STDY WAL MOTN EJECT FRACT	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical earm; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent extualizations from ther health care practitioners and providers; +Pertinent extualizations from there health care practitioners and providers; +Rehabilitation regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/20:
Imaging and Special Tests	Prior to 9/1/2019	78491 MYOCRD IMAGE PET PERFUS SINGL STUDY REST STRESS	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretiment genometry of the presenting problem +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations (s); +Pertinent revaluations; +Pertinent revaluations; +Pertinent charls, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/20;
Imaging and Special Tests	Prior to 9/1/2019	78492 MYOCRD IMAGE PET PERFUS MULTPL STUDY REST STRESS	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent psychosocial history; +Information and progress notes; +Pertinent evaluations from other health care practitioner; +Pertinent revaluations from other health care practitioners and providers; +Pertinent tradits, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/20:
Imaging and Special Tests	Prior to 9/1/2019	78494 CARD BL POOL GATED SPECT REST WAL MOTN EJCT FRCT	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +Listory of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progres notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations from other health care practitioners and providers; +Pertinent charts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/20
Imaging and Special Tests	Prior to 9/1/2019	78499 UNLISTED CARDIOVASCULAR PX DX NUCLEAR MEDICINE	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent dignostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history; +Pertinent exoluations from other health care practitioner; +Pertinent exoluations from other health care practitioner; and providers; +Pertinent exoluations from other health care practitioner; and providers; +Rechabilitation evaluations; +Information evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/20

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Imaging and Special Tests	Prior to 9/1/2019	78607	BRAIN IMAGING TOMOGRAPHIC SPECT	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other load lelivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	78608	BRAIN IMAGING PET METABOLIC EVALUATION	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical earny: +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent diagnostic testing results, operative and/or pathological reports; +Pretinent psychosocial history; +Information and progress notes; +Pertinent evaluations from other health care practitioner; +Pertinent evaluations from other health care practitioners; +Pertinent chards, graphs or photographic information, as appropriate; +Rehabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	78609	BRAIN IMAGING PET PERFUSION EVALUATION	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent tharts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; Hoformation regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	78811	PET IMAGING LIMITED AREA CHEST HEAD NECK	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners; +Pertinent trans, graphs or photographic information, as appropriate; +Rehabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	78812	PET IMAGING SKULL BASE TO MID- THIGH	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent dagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent tealuations from other health care practitioners and providers; +Pertinent evaluations regulations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Imaging and Special Tests	Prior to 9/1/2019	78813	PET IMAGING WHOLE BODY	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem (-Clinical earm); +Pertinent diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; +Pertinent sychosocial history; +Information and consultations with the treating practitioner; +Pertinent endulations from other health care practitioners and providers; +Pertinent evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	78814	PET IMAGING CT FOR ATTENUATION LIMITED AREA	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical earn; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent chards, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	78815	PET IMAGING CT ATTENUATION SKULL BASE MID-THIGH	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +Listory of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioner; +Pertinent charls, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	78816	PET IMAGING FOR CT ATTENUATION WHOLE BODY	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +Listory of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent gasnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners; +Pertinent charls, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/2024
Imaging and Special Tests	1/1/2022	91113	GI TRACT IMAGING INTRALUMINAL COLON I and R	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioner; +Pertinent evaluations from other health care practitioner; +Pertinent evaluations from other health care practitioner; +Pertinent evaluations is +Information evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Imaging and Special Tests	1/1/2021	93241	EXTERNAL ECG REC GT 48HR LT 7D SCAN ALYS REPORT R and I	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/21/2024
Imaging and Special Tests	1/1/2021	93242	EXTERNAL ECG REC GT 48HR LT 7D RECORDING	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations rom other health care practitioners and providers; •Pertinent evaluations rom other health care practitioners and providers; •Pertinent certains evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/21/2024
Imaging and Special Tests	1/1/2021	93243	EXTERNAL ECG REC GT 48HR LT 7D SCANNING ALYS W/REPORT	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem =Clinical exam; =Pertinent diagnostic testing results, operative and/or pathological reports; =Treatment plan and progress notes; =Pertinent pythosocial history; =Information and consultations with the treating practitioner; =Pertinent evaluations from other health care practitioners and providers; =Pertinent charts, graphs or photographic information, as appropriate; =Rehabilitation evaluations; =Information regarding the local delivery system; and =Patient characteristics and information	Third Party Proprietary Criteria	2/21/2024
Imaging and Special Tests	1/1/2021	93244	EXTERNAL ECG REC GT 48HR LT 7D REVIEW and INTERPRETATION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/21/2024
Imaging and Special Tests	1/1/2021	93245	EXTERNAL ECG REC GT 7D LT 15D SCAN ALYS REPORT R and I	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretrinent paychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent orearing evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized		Date of Annual Review
Imaging and Special Tests	1/1/2021	93246	EXTERNAL ECG REC GT 7D LT 15D RECORDING	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem • Clinical exam; = Pertinent diagnostic testing results, operative and/or pathological reports; = Pertinent psychosocial history; = Information and consultations with the treating practitioner; = Pertinent evaluations from other health care practitioners and providers; = Pertinent charls, graphs or photographic information, as appropriate; = Rehabilitation regarding the local delivery system; and = Patient characteristics and information	Third Party Proprietary Criteria		2/21/2024
Imaging and Special Tests	1/1/2021	93247	EXTERNAL ECG REC GT 7D LT 15D SCANNING ALYS W/REPORT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent paychosocial history; +Pertinent evaluations from other health care practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Rehabilitation evaluations; information regarding the local delivery system; and +Patient characteristics and information	Third Party Proprietary Criteria		2/21/2024
Imaging and Special Tests	1/1/2021	93248	EXTERNAL ECG REC GT 7D LT 15D REVIEW and INTERPRETATION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent paychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent nearlys or photographic information, as appropriate; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria		2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	93998	UNLISTED NONINVASIVE VASCULAI DIAGNOSTIC STUDY	R Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent phan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	C8909	MR ANGIOGRAPHY WITH CONTRAS	ST information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioner, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Imaging and Special Tests	Prior to 9/1/2019	C8910	MR ANGIOGRAPHY WITHOUT CONTRAST CHEST	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical seam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pain and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent carls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information negarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	G0297	LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +Vistory of the presenting problem -Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretrinent psychosocial histor; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioner; +Pertinent evaluations from other health care practitioner; +Pertinent charts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Imaging and Special Tests	Prior to 9/1/2019	\$8080	SCINTIMAMMOGRAPHY UNI INCL SUPPLY RADIOPHARM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretrinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent tharts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/21/2024
Long Term Services and Support: All codes require authorization for payment.	2/1/2022	94657	VENTILATOR SUPPLEMENT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial histor; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other lealth care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Pertinent charts, graphs or photographic information, as appropriate; •Patient chartexteristics and information. •Discumentation outlined in the Star+Plus Waiver Handbook	Texas Medicaid Star Plus Waiver Handbook		2/21/2024
Long Term Services and Support: All codes require authorization for payment.	2/1/2022	97532	COGNITIVE REHABILITATIVE THERAPY	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; -History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Prestment plan and progress notes; -Pertinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent charls, graphs or photographic information, as appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information. -Patient characteristics and information. -Documentation outlined in the Star+Plus Waiver Handbook	Texas Medicaid Star Plus Waiver Handbook		2/21/2024

Service Category Notes	Effective Date	Code Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Long Term Services and Support: All codes require authorization for payment.	2/1/2022	97537 COMMUNITY/WORK REINTEGRATION TRAING EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; =Pertinent diagnostic testing results, operative and/or pathological reports; =Treatment plan and progress notes; =Pertinent psychosocial history; =Information and consultations with the treating practitioner; =Pertinent evaluations from other health care practitioners and providers; =Pertinent tevaluations from other health care practitioners and providers; =Pertinent carls, graphs or photographic information, as appropriate; =Rehabilitation evaluations; =Information regarding the local delivery system; and =Patient characteristics and information.as =Patient characteristics and	Texas Medicaid Star Plus Waiver Handbook		2/21/2024
Long Term Services and Support: All codes require authorization for payment.	2/1/2022	H2023 SUPPORTED EMPLOYMENT PER 15 MINUTES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent paychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient chartscriterstics and information. •Patient chartscriterstics and information.	Texas Medicaid Star Plus Waiver Handbook		2/21/2024
Long Term Services and Support: All codes require authorization for payment.	2/1/2022	H2025 ONGOING SUPPORT MAINTAIN EMPLOYMENT PER 15 MIN	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent plan and progress notes; +Pertinent pan and progress notes; +Pertinent pan and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent charts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information. +Patient characteristics and information.	Texas Medicaid Star Plus Waiver Handbook		2/21/202
Long Term Services and Support: All codes require authorization for payment.	2/1/2022	S5101 DAY CARE SERVICES ADULT; PER HALF DAY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent paychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilittoon evaluations; Information regarding the local delivery system; and •Patient characteristics and information. •Patient characteristics and information. •Documentation outlined in the Star+Plus Waiver Handbook	Texas Medicaid Star Plus Waiver Handbook		2/21/202
Long Term Services and Support: All codes require authorization for payment.	2/1/2022	S5125 ATTENDANT CARE SERVICES; PER 15 MINUTES	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent plan and progress notes; -Pertinent pan and progress notes; -Pertinent pan and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent charts, graphs or photographic information, as appropriate; -Rechabilitation evaluations; +Information regarding the local delivery system; and -Patient chartscritestics and information. -Patient chartscritestics and information. -Documentation outlined in the Star+Plus Waiver Handbook	Texas Medicaid Star Plus Waiver Handbook		2/21/202

Service Category Notes	Effective Date	Code Definition	Documentation Requirements	Criteria Utilized No	otes Date of Ann Review
Long Term Services and Support: All codes require authorization for payment.	2/1/2022	S5140 FOSTER CARE ADULT; PER DIEN	 Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rechabilitation evaluations; Information regarding the local delivery system; and Patient charactersitics and information. Documentation outlined in the StartPlus Waiver Handbook 	Texas Medicaid Star Plus Waiver Handbook	2/21/:
Long Term Services and Support: All codes require authorization for payment.	2/1/2022	S5151 UNSKILLED RESPITE CARE NOT HOSPICE; PER DIEM	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent psychosocial history; Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent charts, graphs or photographic information, as appropriate; -Rehabilitation evaluations; Information regarding the local delivery system; and -Patient characteristics and information. -Documentation outlined in the Star+Plus Waiver Handbook	Texas Medicaid Star Plus Waiver Handbook	2/21/:
Long Term Services and Support: All codes require authorization for payment.	2/1/2022	S5160 EMERGENCY RESPONSE SYSTEM INSTALLATION AND TESTING	nformation generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; -History of the presenting problem •Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient on utilined in the Star+Plus Waiver Handbook	Texas Medicaid Star Plus Waiver Handbook	2/21/:
Long Term Services and Support: All codes require authorization for payment.	2/1/2022	S5161 EMERGENCY RESPONSE SYSTEN SERVICE FEE PER MONTH	nformation generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; -History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioner, appropriate; •Rethabilitation evaluations; •Information regarding the local delivery system; and •Pation outlined in the Start+Plus Waiver Handbook	Texas Medicaid Star Plus Waiver Handbook	2/21/:
Long Term Services and Support: All codes require authorization for payment.	2/1/2022	S5165 HOME MODIFICATIONS; PER SERVICE	Information generally required to support authorization decision making includes, but not limited to: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem - Clinical exam; - Pertinent diagnostic testing results, operative and/or pathological reports; - Treatment plan and progress notes; - Pertinent psychosocial history; - Information and consultations with the treating practitioner; - Pertinent evaluations from other health care practitioners and providers; - Pertinent evaluations from ther health care practitioners and providers; - Pertinent evaluations from the from the information, as appropriate; - Rechabilitation evaluations; - Information regarding the local delivery system; and - Patient characteristics and information. - Documentation outlined in the Star+Plus Waiver Handbook	Texas Medicaid Star Plus Waiver Handbook	2/21/:

Service Category Notes	Effective Date	Code Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Long Term Services and Support: All codes require authorization for payment.	Prior to 9/1/2019	S5170 HOME DELIV MEALS INCLUDING PREPARATION; PER MEAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history: •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations rom other health care practitioners; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. *Documentation outlined in the Star+Plus Waiver Handbook	Texas Medicaid Star Plus Waiver Handbook		2/21/202
Long Term Services and Support: All codes require authorization for payment.	Prior to 9/1/2019	S9123 NURSING CARE THE HOME; REGISTERED NURSE PER HOUR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. •Documentation outlined in the Star+Plus Waiver Handbook	Texas Medicaid Star Plus Waiver Handbook		2/21/202
Long Term Services and Support: All codes require authorization for payment.	Prior to 9/1/2019	S9124 NURSING CARE IN THE HOME; BY LPN PER HOUR	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners, as appropriate; *Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information, as the providens; •Patient characteristics and information, as appropriate; •Patient characteristics and information, evaluations; •Information organding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Star Plus Waiver Handbook		2/21/20
Long Term Services and Support: All codes require authorization for payment.	2/1/2022	S9128 SPEECH THERAPY IN THE HOME PE DIEM	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem -Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent caluations from other health care practitioners and providers; Pertinent caluations; Pertinent caluations; Pertinent caluations; Information regarding the local delivery system; and Patient characteristics and information. Patient character	Texas Medicaid Star Plus Waiver Handbook		2/21/20
Long Term Services and Support: All codes require authorization for payment.	2/1/2022	S9129 OCCUPATIONAL THERAPY IN THE HOME PER DIEM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent overlautions; •Pertinent evaluations from other health care practitioners and providers; •Pertinent overlautions; •Information regarding the local delivery system; and •Patient characteristics and information, as papropriate; •Patient characteristics and information, as appropriate; •Patient characteristics and information.	Texas Medicaid Star Plus Waiver Handbook		2/21/20

Service Category Notes	Effective Date	Code Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Long Term Services and Support: All codes require authorization for payment.	2/1/2022	S9131 PHYSICAL THERAPY; IN THE HOME PER DIEM	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem =Clinical earn; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pertinent genomes notes; =Pertinent psychosocial history; =Information and consultations with the treating practitioner; =Pertinent evaluations from other health care practitioners and providers; =Pertinent evaluations from other health care practitioners and providers; =Pertinent charts, graphs or photographic information, as appropriate; =Rehabilitation evaluations; =Information regarding the local delivery system; and =Patient characteristics and information.	Texas Medicaid Star Plus Waiver Handbook		2/21/202-
Long Term Services and Support: All codes require authorization for payment.	2/1/2022	T1001 NURSING ASSESSMENT/EVALUATION	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent plan and progress notes; +Pertinent pychosocial history; +Pertinent pychosocial history; +Pertinent evaluations with the treating practitioner; +Pertinent evaluations from other health care practitioners; +Pertinent exaluations from other health care practitioners; +Pertinent exaluations from other health care practitioners; +Pertinent exaluations; +Rehabilitation evaluations; +Information negarding the local delivery system; and +Patient charateristics and information. +Documentation outlined in the Star+Plus Waiver Handbook	Texas Medicaid Star Plus Waiver Handbook		2/21/202
Long Term Services and Support: All codes require authorization for payment.	2/1/2021	T1005 RESPITE CARE SERVICES UP TO 15 MINUTES	Information generally required to support authorization decision making includes, but not limited to: *Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem *Clinical exam; *Pertinent diagnostic testing results, operative and/or pathological reports; *Pertinent plan and progress notes; *Pertinent pychosocial history; +Information and consultations with the treating practitioner; *Pertinent evaluations from other health care practitioners; *Pertinent charts, graphs or photographic information, as appropriate; *Rehabilitation evaluations; +Information regarding the local delivery system; and *Patient chartscristics and information. *Potocumentation outlined in the Star+Plus Waiver Handbook	Texas Medicaid Star Plus Waiver Handbook		2/21/202
Long Term Services and Support: All codes require authorization for payment.	2/1/2022	T2003 NON-EMERGENCY TRANSPORTATION; ENCOUNTER/TRIP	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent plan and progress notes; +Pertinent pychosocial history; +Pertinent pychosocial history; +Pertinent evaluations from other health care practitioner; +Pertinent evaluations from other health care practitioners; +Pertinent exaluations the local delivery system; and +Patient charateristics and information. +Dacumentation outlined in the Star+Plus Waiver Handbook	Texas Medicaid Star Plus Waiver Handbook		2/21/202
Long Term Services and Support: All codes require authorization for payment.	2/1/2022	T2017 HABILITATION RESIDENTIAL WAIVER; PER 15 MINUTES	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent plan and progress notes; +Pertinent plan and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners; +Pertinent thats, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information. +Potention to regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Star Plus Waiver Handbook		2/21/202

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Long Term Services and Support: All codes require authorization for payment.	2/1/2022	T2031	ASSISTED LIVING WAIVER; PER DIEM	Information generally required to support authorization decision making includes, but not limited to: *Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; *Iistory of the presenting problem *Clinical exam; *Pertinent diagnostic testing results, operative and/or pathological reports; *Pertinent psychosocial history; *Pertinent psychosocial history; *Pertinent evaluations with the treating practitioner; *Pertinent evaluations from other health care practitioners and providers; *Pertinent charts, graphs or photographic information, as appropriate; *Pertinent charts, graphs or photographic information, as appropriate; *Information regarding the local delivery system; and *Patient chartscristists and information. *Decumentation outlined in the Star+Plus Waiver Handbook	Texas Medicaid Star Plus Waiver Handbook		2/21/2024
Long Term Services and Support: All codes require authorization for payment.	Prior to 9/1/2019		PER SERVICE	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent Jalan and progress notes; +Pertinent paychosocial history: +Pertinent and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioner; +Pertinent task, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristiss and information. +Discumentation outlined in the Star+Plus Waiver Handbook	Texas Medicaid Star Plus Waiver Handbook		2/21/2024
Long Term Services and Support: All codes require authorization for payment.	2/1/2022	T2040	FINANCIAL MGMT SELF-DIRECTED WAIVER; PER 15 MIN	Information generally required to support authorization decision making includes, but not limited to: =Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem =Clinical exam; =Pertinent diagnostic testing results, operative and/or pathological reports; =Treatment plan and progress notes; =Pertinent sychosocial history: =Information and consultations with the treating practitioner; =Pertinent evaluations: from other health care practitioner; =Pertinent charts, graphs or photographic information, as appropriate; =Rehabilitation evaluations; =Information regarding the local delivery system; and =Patient charts, testifist and information. =Patient charts, testifist and information. =Patient charts, testifist and information. =Patient charts, testifist and information. =Documentation outlined in the Star+Plus Waiver Handbook	Texas Medicaid Star Plus Waiver Handbook		2/21/2024
Neuropsychological and Psychological Tests: Prior Authorization required in any setting.	1/1/2020	95700	EEG CONT REC W/VIDEO BY TECH MIN 8 CHANNELS	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent plan and progress notes; +Pertinent plan and consultations with the treating practitioner; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioner; +Pertinent charts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Prior Authorization required in any setting.	2/21/2024
Neuropsychological and Psychological Tests: Prior Authorization required in any setting.	4/1/2020	95708	EEG W/O VID BY TECH EA INCR 12- 26HR UNMONITORED	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent algonastic testing results, operative and/or pathological reports; +Pertinent plan and progress notes; +Pertinent plan and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners; +Pertinent charts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient chartscristics and information.	Texas Medicaid Provider Procedures Manual	Prior Authorization required in any setting.	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Neuropsychological and Psychological Tests: Prior Authorization required in any setting.	4/1/2020	95709	EEG W/O VID BY TECH EA INCR 12- 26 HR INTMT MNTR	Information generally required to support authorization decision making includes, but not limited to: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem C linical exam; - Pertinent diagnostic testing results, operative and/or pathological reports; - Treatment plan and progress notes; - Pertinent psychosocial history; - Information and consultations with the treating practitioner; - Pertinent evaluations from other health care practitioners and providers; - Pertinent evaluations from ther health care practitioner, and providers; - Pertinent evaluations from the local delivery system; and + Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Prior Authorization required in any setting.	2/21/2024
Neuropsychological and Psychological Tests: Prior Authorization required in any setting.	4/1/2020	95710	EEG W/O VID TECH EA INCR 12-26 HR CONT R-T MNTR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Prior Authorization required in any setting.	2/21/202
Neuropsychological and Psychological Tests: Prior Authorization required in any setting.	4/1/2020	95711	EEG BY TECH 2-12 HOURS UNMONITORED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Prior Authorization required in any setting.	2/21/20:
Neuropsychological and Psychological Tests: Prior Authorization required in any setting.	4/1/2020	95712	VEEG BY TECH 2-12 HR INTERMITTENT MONITORING	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Prior Authorization required in any setting.	2/21/20
Neuropsychological and Psychological Tests: Prior Authorization required in any setting.	4/1/2020	95713	VEEG BY TECH 2-12 HR CONTINUOUS R-T MONITORING	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent diagnostic testing instor; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations. •Pertinent exiluations. •Information evaluations. •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Prior Authorization required in any setting.	2/21/20:

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Neuropsychological and Psychological Tests: Prior Authorization required in any setting.	4/1/2020	95714	VEEG BY TECH EA INCR 12-26 HR UNMONITORED	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; =Pertinent diagnostic testing results, operative and/or pathological reports; =Treatment plan and progress notes; =Pertinent psychosocial history; =Information and consultations with the relating practitioner; =Pertinent evaluations from other health care practitioners and providers; =Pertinent evaluations from other health care practitioners and providers; =Pertinent evaluations from other health care practitioners and providers; =Pertinent evaluations from total clocal delivery system; and =Information regarding the local delivery system; and =Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Prior Authorization required in any setting.	2/21/202
Neuropsychological and Psychological Tests: Prior Authorization required in any setting.	4/1/2020	95715	VEEG BY TECH EA INCR 12-26 HR INTERMITTENT MNTR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent diagnostic testing results, operative and/or pathological reports; •Pertinent prychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent results; •Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Prior Authorization required in any setting.	2/21/20:
Neuropsychological and Psychological Tests: Prior Authorization required in any setting.	4/1/2020	95716	VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Treatment plan and progress notes; +Pertinent physications with the treating practitioner; +Information and consultations with the treating practitioner; +Pertinent exclusations from other health care practitioner; +Pertinent tests, graphs or photographin information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Prior Authorization required in any setting.	2/21/20
Neuropsychological and Psychological Tests: Prior Authorization required in any setting.	4/1/2020	95721	EEG COMPLETE STD PHYS/QHP GT 36 HR LT 60 HR W/O VIDEO	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent thats, graphs or photographic information, as appropriate; •Pertinent revaluations from other health care practitioners and providers; •Pertinent revaluations from othorgaphic information, as appropriate; •Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Prior Authorization required in any setting.	2/21/20
Neuropsychological and Psychological Tests: Prior Authorization required in any setting.	4/1/2020	95722	EEG COMPLETE STD PHYS/QHP GT 36 HR LT 60 HR W/VEEG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pain and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent exaluations from other health care practitioners and providers; •Pertinent exaluations from other health care practitioners and providers; •Pertinent exaluations (information, as appropriate; •Rehabilitation evaluations; •Information evaluations;	Texas Medicaid Provider Procedures Manual	Prior Authorization required in any setting.	2/21/20

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Neuropsychological and Psychological Tests: Prior Authorization required in any setting.	4/1/2020	95723	EEG COMPLETE STD PHYS/QHP GT 60 HR LT 84 HR W/O VIDEO	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the reating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent realuations from other health care practitioner, and providers; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Prior Authorization required in any setting.	2/21/2024
Neuropsychological and Psychological Tests: Prior Authorization required in any setting.	4/1/2020	95724	EEG COMPLETE STD PHYS/QHP GT 60 HR LT 84 HR W/VEEG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent thats, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Prior Authorization required in any setting.	2/21/2024
Neuropsychological and Psychological Tests: Prior Authorization required in any setting.	4/1/2020	95725	EEG COMPLETE STD PHYS/QHP GT 84 HR W/O VID	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent thats, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Prior Authorization required in any setting.	2/21/202
Neuropsychological and Psychological Tests: Prior Authorization required in any setting.	4/1/2020	95726	EEG COMPLETE STD PHYS/QHP GT 84 HR W/VEEG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent thats, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Prior Authorization required in any setting.	2/21/202
Neuropsychological and Psychological Tests: Prior Authorization required in any setting.	Prior to 9/1/2019	95957	DIGITAL ANALYSIS ELECTROENCEPHALOGRAM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Olinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pain and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioner, appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/21/202

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Neuropsychological and Psychological Tests: Prior Authorization required in any setting.	Prior to 9/1/2019	96125	STANDARDIZED COGNITIVE PERFORMANCE TESTING	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent carls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/21/2024
Occupational Therapy	7/1/2023	97012	APPL MODALITY 1 OR GT AREAS TRACTION MECHANICAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluation soft on other health care practitioners; •Pertinent cords; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Participating Providers: Initial evaluation does not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	
Occupational Therapy	7/1/2023	97014	APPL MODALITY 1 OR GT AREAS ELEC STIMJ UNATTENDED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations; •Information regarding the local delivery system; and •Pattent characteristics and information.	Texas Medicaid Provider Procedures Manual	Participating Providers: Initial evaluation does not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	
Occupational Therapy	7/1/2023	97016	APPL MODALITY 1 OR GT AREAS VASOPNEUMATIC DEVICES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; Hinformation and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent carls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Participating Providers: Initial evaluation does not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	
Occupational Therapy	7/1/2023	97018	APPL MODALITY 1 OR GT AREAS PARAFFIN BATH	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners, appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Participating Providers: Initial evaluation does not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized		Date of Annual Review
Occupational Therapy	7/1/2023	97022	APPLICATION MODALITY 1 OR GT AREAS WHIRLPOOL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Participating Providers: Initial evaluation does not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	
Occupational Therapy	7/1/2023	97024	APPLICATION MODALITY 1 OR GT AREAS DIATHERMY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent teals, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information negarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Participating Providers: Initial evaluation does not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	
Occupational Therapy	7/1/2023	97026	APPLICATION MODALITY 1 OR GT AREAS INFRARED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +Iistory of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioner and providers; •Pertinent evaluations from other health care practitioner and providers; •Pertinent evaluations from other health care practitioner and providers; •Pertinent negative revealues and revealues and providers; •Pertinent negative revealues and providers; •Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Participating Providers: Initial evaluation does not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	
Occupational Therapy	7/1/2023	97028	APPL MODALITY 1 OR GT AREAS ULTRAVIOLET	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent net evaluations from other health care practitioner, appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Participating Providers: Initial evaluation does not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	
Occupational Therapy	7/1/2023	97032	APPL MODALITY 1 OR GT AREAS ELEC STIMJ EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Olinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Participating Providers: Initial evaluation does not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized		Date of Annual Review
Occupational Therapy	7/1/2023	97033	APPL MODALITY 1 OR GT AREAS IONTOPHORESIS EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pain and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Participating Providers: Initial evaluation does not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	
Occupational Therapy	7/1/2023	97034	APPL MODALITY 1 OR GT AREAS CONTRAST BATHS EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent pan and progress notes; •Pertinent evaluations from other health care practitioner; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and propriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Participating Providers: Initial evaluation does not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	
Occupational Therapy	7/1/2023	97035	APPL MODALITY 1 OR GT AREAS ULTRASOUND EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent negating the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Participating Providers: Initial evaluation does not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	
Occupational Therapy	Prior to 9/1/2019	97110	THERAPEUTIC PX 1 OR GRT AREAS EACH 15 MIN EXERCISES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent to evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Participating Providers: Initial evaluation does not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	
Occupational Therapy	Prior to 9/1/2019	97112	THER PX 1 OR GRT AREAS EACH 15 MIN NEUROMUSC REEDUCA	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; =Pertinent diagnostic testing results, operative and/or pathological reports; =Treatment plan and progress notes; =Pertinent psychosocial history; =Information and consultations with the treating practitioner; =Pertinent evaluations from other health care practitioners and providers; =Pertinent evaluations from other health care practitioners and providers; =Pertinent evaluations from other health care practitioner; =Rehabilitation evaluations; =Information regarding the local delivery system; and =Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Participating Providers: Initial evaluation does not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	

Service Category Notes	Effective Date	Code Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Occupational Therapy	Prior to 9/1/2019	97113 THER PX 1 OR GT AREAS EACH MIN AQUA THER W/XERSS	 Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Pertinent plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation regarding the local delivery system; and Patient characteristics and information. 	Texas Medicaid Provider Procedures Manual	Participating Providers: Initial evaluation does not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	
Occupational Therapy	Prior to 9/1/2019	97116 THER PX 1 OR GRT AREAS EA 15 GAIT TRAINJ W STAIR	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent plan and progress notes; -Pertinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent charts, graphs or photographic information, as appropriate; -Rehabilitation evaluations; the clad delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Participating Providers: Initial evaluation does not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	
Occupational Therapy	Prior to 9/1/2019	97124 THER PX 1 OR GRT AREAS EACH MINUTES MASSAGE	15 Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent charts, graphs or photographic information, as appropriate; +Retainitiation evaluations; +Information regarding the local delivery system; and +Patient chartscteristics and information.	Texas Medicaid Provider Procedures Manual	Participating Providers: Initial evaluation does not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	
Occupational Therapy	4/1/2020	97129 THER IVNTJ COG FUNCJ CNTCT 15 MINUTES	1ST Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Teratment plan and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent chards, graphs or photographic information, as appropriate; • Pertinent chards, graphs or photographic information, as appropriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information.	Third Party Proprietary Criteria	Participating Providers: Initial evaluation does not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	
Occupational Therapy	4/1/2020	97130 THER IVNTJ COG FUNCJ CNTCT ADDL 15 MINUTES	EA Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertiment diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertiment psychosocial history: • Information and consultations with the treating practitioner; • Pertiment evaluations from other health care practitioners and providers; • Pertiment tharts, graphs or photographic information, as appropriate; • Rehabilitation regarding the local delivery system; and • Patient characteristics and information.	Third Party Proprietary Criteria	Participating Providers: Initial evaluation does not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized		Date of Annual Review
Occupational Therapy	Prior to 9/1/2019	97140	MANUAL THERAPY TQS 1 OR GRT REGIONS EACH 15 MINUTES	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent charts, graphs or photographic information, as appropriate; +Rehabilitation regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Participating Providers: Initial evaluation does not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	
Occupational Therapy	Prior to 9/1/2019	97150	THERAPEUTIC PROCEDURES GROUP 2 OR GRT INDIVIDUALS	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem =Clinical exam; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pertinent agnostic setting results, operative and/or pathological reports; =Pertinent psychosocial history; =Pertinent psychosocial history; =Pertinent aduations from other health care practitioner; =Pertinent charts, graphs or photographic information, as appropriate; =Rehabilitation evaluations; =Information negarding the local delivery system; and =Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Participating Providers: Initial evaluation does not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	
Occupational Therapy	Prior to 9/1/2019	97168	OCCUPATIONAL THER RE-EVAL EST PLAN CARE 30 MINS	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem =Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent chards, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Participating Providers: Initial evaluation does not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	
Occupational Therapy	Prior to 9/1/2019	97530	THERAPEUT ACTVITY DIRECT PT CONTACT EACH 15 MIN	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem =Clinical exam; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pertinent gasnostic testing results, operative and/or pathological reports; =Pertinent psychosocial history; =Information and progress notes; =Pertinent evaluations from other health care practitioner; =Pertinent tasts, graphs or photographic information, as appropriate; =Rehabilitation evaluations; =Information regarding the local delivery system; and =Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Participating Providers: Initial evaluation does not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	
Occupational Therapy	Prior to 9/1/2019	97533	SENSORY INTEGRATIVE TECHNIQUE: EACH 15 MINUTES	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent dignostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent paychosocial history: +Information and consultations with the treating practitioner; +Pertinent exaluations from other health care practitioners; and providers; +Pertinent exaluations from other health care practitioners; and providers; +Pertinent exaluations from other health care practitioners; and providers; +Retinabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Participating Providers: Initial evaluation does not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized		Date of Annual Review
Occupational Therapy	Prior to 9/1/2019			Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Olinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charst, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Participating Providers: Initial evaluation does not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	
Occupational Therapy	7/1/2023	97537		Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charst, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Participating Providers: Initial evaluation does not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	
Occupational Therapy	7/1/2023		PHYSICAL PERFORMANCE TEST/MEAS W/REPRT EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Olinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charst, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Pattent characteristics and information.	Texas Medicaid Provider Procedures Manual	Participating Providers: Initial evaluation does not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	
Occupational Therapy	7/1/2023		ORTHOTICS MGMT AND TRAING INITIAL ENCTR EA 15 MINS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Pertinent charls, graphs or photographic information, as appropriate; •Pertinent charls, graphs or photographic information, as appropriate; •Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Participating Providers: Initial evaluation does not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	
Occupational Therapy	7/1/2023		PROSTHETICS TRAINING INITIAL ENCTR EA 15 MINS	Information generally required to support authorization decision making includes, but not limited to: <urrent (up="" 6="" adequate="" and="" as:="" history="" hospital="" months),="" office="" patient="" records;<br="" related="" requested="" services="" such="" the="" to="">+listory of the presenting problem <unical exam;<br="">*Pertinent diagnostic testing results, operative and/or pathological reports; *Pertinent paychosocial history; *Pertinent psychosocial history; *Pertinent evaluations from other health care practitioner; *Pertinent evaluations; graphs or photographic information, as appropriate; Rehabilitation evaluations; information regarding the local delivery system; and *Patient characteristics and information.</unical></urrent>	Texas Medicaid Provider Procedures Manual	Participating Providers: Initial evaluation does not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	

Service Category Notes	Effective Date	Code Definition	Documentation Requirements	Criteria Utilized		Date of Annual Review
Occupational Therapy	7/1/2023	97763 ORTHOTICS/PROSTH MGMT and /TRAING SBSQ ENCTR 15 MIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent overlaution evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Participating Providers: Initial evaluation does not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	AGMNTJ CAR FUNCJ	SSS Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent glangostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent tearts, graphs or photographic information, as appropriate; •Rehabilitation evaluations: •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	0675T LAPS INSJ NEW/RPLCMT LEAD PEF	M Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent totarts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	0676T LAPS INSJ NEW/RPLCMT LEAD PEF	M Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent glan and progress notes; •Pertinent park and progress notes; •Pertinent parks on and consultations with the treating practitioner; •Information and consultations with the treating practitioner; •Pertinent taylastions from other health care practitioner; •Pertinent taylastions from other health care practitioner; •Pertinent taylastions from other health care practitioner; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	0677T APS REPOS LEAD PERM ISDSS 1ST REPOSITIONED LEAD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertiment diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertiment psychosocial history; •Information and consultations with the treating practitioner; •Pertiment valuations from other health care practitioners; •Pertiment tharts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	0678T	LAPS REPOS LEAD PERM ISDSS EA ADDL REPOS LEAD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent provide and any orgeness notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	0679T	LAPAROSCOPIC REMOVAL LEAD PERM ISDSS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent cards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	0680T	INSJ/RPLCMT PULSE GENERATOR ONLY ISDSS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretrinent psychosocial histor; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent nerds, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	0681T	RELOCATION PULSE GENERATOR ONLY ISDSS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretrinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent torts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	0682T	REMOVAL PULSE GENERATOR ONLY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent glan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioner; •Pertinent totars, graphs or photographic information, as appropriate; •Rehabilitation evaluations; Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	0683T	PROGRAMMING DEVICE EVALUATION IN PERSON ISDSS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychoscial history; eInformation and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	0684T	PERIPROCEDURAL DEVICE EVALUATION IN PERSON ISDSS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent travulations from other health care practitioners; •Pertinent tharts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and *Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	0685T	NTERROGATION DEVICE EVALUATION IN PERSON ISDSS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent solutions with the treating practitioner; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent teals on subter health care practitioners; •Pertinent teals on subter health care practitioners; •Pertinent ion evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	0707T	NIX BONE SUB MATRL INTO SUBCHONDRAL BONE DEFECT	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent plan and progress notes; +Pertinent soychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners; +Pertinent evaluations from other health care practitioners; +Pertinent testing reparks or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	15786	ABRASION 1 LESION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	15819	CERVICOPLASTY	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; =Pertinent diagnostic testing results, operative and/or pathological reports; =Treatment plan and progress notes; =Pertinent psychosocial history; =Information and consultations with the reating practitioner; =Pertinent evaluations from other health care practitioners and providers; =Pertinent evaluations from ther health care practitioners and providers; =Pertinent evaluations from the local delivery system; and =Information regarding the local delivery system; and =Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	15830	EXCISION SKIN ABD INFRAUMBILICAL PANNICULECTOMY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent paychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioner and providers; •Pertinent nervalues; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	17360	CHEMICAL EXFOLIATION ACNE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent nearls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2023	19303	MASTECTOMY SIMPLE COMPLETE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent torats, graphs or photographic information, as appropriate; •Rehabilitation evaluations; Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual No prior auth required for service when associated with cancer diagnosis.	2/21/2024 a
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	4/1/2020	20560	NEEDLE INSERTION W/O INJECTION 1 OR 2 MUSCLES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretrinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioner as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	4/1/2020	20561	NEEDLE INSERTION W/O INJECTION 3 OR MORE MUSCLES	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical examples of the presenting problem -Pertinent diagnostic testing results, operative and/or pathological reports; -Pretinent genometry of the treating protectioner; -Pertinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent revaluations from other health care practitioners and providers; -Pertinent revaluations from other health care practitioners and providers; -Pertinent revaluations; -Rehabilitation evaluations; -Information negarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	21073	MANIPULATION TMJ THERAPEUTIC REQUIRE ANESTHESIA	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical example -Pertinent diagnostic testing results, operative and/or pathological reports; -Pretinent genostic testing results, operative and/or pathological reports; -Pretinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent revaluations from other health care practitioners; -Pertinent revaluations from other health care practitioners; -Pertinent revaluations from other health care practitioners; -Pertinent revaluations; -Pertinent revaluations; -Pertinent revaluations; -Pertinent revaluations; -Pertinent characteristics and information, as appropriate; -Pertinent characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	21120	GENIOPLASTY AUGMENTATION	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent plan and progress notes; +Pertinent pan and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent that, graphs or photographic information, as appropriate; +Rehabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	21121	GENIOPLASTY SLIDING OSTEOTOMY SINGLE PIECE	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent part and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent tasts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	21122	GENIOPLASTY 2 OR GRT SLIDING OSTEOTOMIES	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent plan and progress notes; +Pertinent paychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent trans, graphs or photographic information, as appropriate; +Rehabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	21123	GENIOP SLIDING AGMNTJ W INTERPOSAL BONE GRAFTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	21125	AGMNTJ MNDBLR BODY ANGLE PROSTHETIC MATERIAL	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Cinical exam; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pretinent psychosocial history; =Pertinent psychosocial history; =Information and consultations with the treating practitioner; =Pertinent evaluations from other health care practitioners and providers; =Pertinent evaluations from other health care practitioners and providers; =Pertinent revaluations for =Rehabilitation evaluations; =Information regarding the local delivery system; and =Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	21127	AGMNTJ MNDBLR BDY ANGL W GRF ONLAY INTERPOSAL	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent psychosocial history; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioner, a sppropriate; +Rechabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	21137	REDUCTION FOREHEAD CONTOURING ONLY	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent psychosocial history; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioner, a sppropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	21138	RDCTJ FHD CNTRG AND PROSTHETIC MATRL BONE GRAFT	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history; •Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioner, as appropriate; *Rehabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	21139	RDCTJ FHD CNTRG AND SETBACK ANT FRONTAL SINUS WALL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pain and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioner; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	21141	RCNSTJ MIDFACE LEFORT I 1 PIECE W O BONE GRAFT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners, •Pertinent evaluations from other health care practitioners; •Pertinent evaluations regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	21142	RCNSTJ MIDFACE LEFORT I 2 PIECES W O BONE GRAFT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent tests, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	21143	RCNSTJ MIDFACE LEFORT I 3 OR GR PIECE W O BONE GRAFT	T Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Pertinent diagnostic testing results, operative and/or pathological reports; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent testing revealing in formation, as appropriate; Rehabilitation regarding the local delivery system; and Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	21145	RCNSTJ MIDFACE LEFORT I 1 PIECE W BONE GRAFTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent torats, graphs or photographic information, as appropriate; #Rehabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	21146	RCNSTJ MIDFACE LEFORT I 2 PIECES W BONE GRAFTS	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem =Clinical earm; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pertinent psychosocial history; =Pertinent psychosocial history; =Pertinent exaluations from other health care practitioner; =Pertinent exaluations from other health care practitioners and providers; =Pertinent exaluations from other health care practitioners and providers; =Pertinent exaluations from other health care practitioners and providers; =Rehabilitation regarding the local delivery system; and =Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	21147	RCNSTJ MIDFACE LEFORT I 3 OR GRI PIECE W BONE GRAFTS	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Cincial eagn •Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent treaduations from other health care practitioners and providers; •Pertinent revaluations (if the negative information, as appropriate; •Rehabilitation evaluations; Hoformation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	21150	RCNSTJ MIDFACE LEFORT II ANTERIOR INTRUSION	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners; +Pertinent trans, graphs or photographic information, as appropriate; +Rehabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	21151	RCNSTJ MIDFACE LEFORT II W BONE GRAFTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent paychosocial history; +Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent thats, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	21154	RCNSTJ MIDFACE LEFORT III W O LEFORT I	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and onsultations with the treating practitioner; •Pertinent revaluations from other health care practitioners; •Pertinent treaduations from other health care practitioners; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	21155	RCNSTJ MIDFACE LEFORT III W LEFORT I	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent totars, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	21159	RCNSTJ MIDFACE LEFORT III W FHD W O LEFORT I	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical example: •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners; •Pertinent carls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	21160	RCNSTJ MIDFACE LEFORT III W FHD W LEFORT I	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent revaluations from other health care practitioners and providers; •Pertinent revaluations from other health care practitioners and providers; •Pertinent nevaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	21172	RCNSTJ SUPERIOR-LATERAL ORBITA RIM AND LOWER FHD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent torist, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	21175	RCNSTJ BIFRONTAL SUPERIOR-LAT ORB RIMS AND LWR FHD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	21240	ARTHRP TEMPOROMANDIBULAR JOINT W WO AUTOGRAFT	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pertinent plan and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations from ther health care practitioners and propriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information.	Third Party Proprietary Criteria	2/21/202
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	21242	ARTHROPLASTY TEMPOROMANDIBULAR JT W ALLOGRAFT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent overlautions; •Information avaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/21/202-
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	21243	ARTHRP TMPRMAND JOINT W PROSTHETIC REPLACEMENT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent carls, graphs or photographic information, as appropriate; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	21270	MALAR AUGMENTATION PROSTHETIC MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluation soft on other health care practitioners and providers; •Pertinent evaluation soft on other health care practitioners and providers; •Pertinent revealed no evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	21280	MEDIAL CANTHOPEXY SEPARATE PROCEDURE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •Linical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent plan and progress notes; •Pertinent evaluations from other health care practitioner; •Information and consultations; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluation sfrom other health care practitioners and providers; •Pertinent overlautions; •Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	21282	LATERAL CANTHOPEXY	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pretrinent presents sontes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations from other health care practitioners and providers; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	21295	REDUCTION MASSETER MUSCLE AND BONE EXTRAORAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent evaluations into other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent nergarshs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	21296	REDUCTION MASSETER MUSCLE AND BONE INTRAORAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +Ilistory of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent net evaluations from other health care practitioners and providers; •Pertinent net evaluations from other health care practitioners and providers; •Pertinent net evaluations from other health care practitioners and providers; •Pertinent net evaluations from other health care practitioners and providers; •Pertinent net evaluations from other health care practitioners and providers; •Pertinent herating practing the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	4/1/2020	21601	EXCISION CHEST WALL TUMOR INCLUDING RIBS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent testing results operation, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22100	PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM CRV	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent toris, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22101	PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM THRC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22102	PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM LMBR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations rom other health care practitioners and providers; •Pertinent evaluations rom other health care practitioners and providers; •Pertinent evaluation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22110	PRTL EXC VRT BDY B1Y LES W O SPI CORD 1 SGM CRV	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent psychosocial history; Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent evaluations from other health care practitioners and providers; -Pertinent evaluations from other health care practitioners and providers; -Pertinent evaluations regarding the local delivery system; and -Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22112	PRTL EXC VRT BDY B1Y LES W O SPI CORD 1 SGM THRC	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent charts, graphs or photographic information, as appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22114	PRTL EXC VRT BDY B1Y LES W O SPI CORD 1 SGM LMBR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations rom other health care practitioners and providers; •Pertinent networks and the service and providers; •Pertinent evaluations rom other health care practitioners and providers; •Pertinent networks graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22206	OSTEOTOMY SPINE POSTERIOR 3 COLUMN THORACIC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from the health care practitioners and providers; •Pertinent evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22207	OSTEOTOMY SPINE POSTERIOR 3 COLUMN LUMBAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostit testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluation synch protographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22210	OSTEOTOMY SPINE PST PSTLAT APPR 1 VRT SGM CRV	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluation seture and the reating practitioner; •Pertinent evaluation seture and the reating propriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22212	OSTEOTOMY SPINE PST PSTLAT APPR 1 VRT SGM THRC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent evaluation regards or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22214	OSTEOTOMY SPINE PST PSTLAT APPR 1 VRT SGM LMBR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent evaluation regardly or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22220	OSTEOTOMY SPINE W DSKC ANT APPR 1 VRT SGM CRV	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pertinent plan and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations; • Information regarding the local delivery system; and • Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22222	OSTEOTOMY SPINE W DSKC ANT APPR 1 VRT SGM THRC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent plan and progress notes; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent overlations; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22224	OSTEOTOMY SPINE W DSKC ANT APPR 1 VRT SGM LMBR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent own to robust the support of the suppo	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22526	PERQ INTRDSCL ELECTROTHRM ANNULOPLASTY 1 LEVEL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •Ilinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent overlations; •Pertinent evaluations from other health care practitioners and providers; •Pertinent regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22527	PERQ INTRDSCL ELECTROTHRM ANNULOPLASTY ADDL LVL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluation softmo other health care practitioners and providers; •Pertinent overlations; •Pertinent overlations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22532	ARTHRODESIS LATERAL EXTRACAVITARY THORACIC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22533	ARTHRODESIS LATERAL EXTRACAVITARY LUMBAR	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations from other health care practitioners and providers; • Pertinent nertine regarding the local delivery system; and • Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22548	ARTHRD ANT TRANSORL XTRORAL C1-C2 W WO EXC ODNTD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretrinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretrinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	22552	ARTHRD ANT INTERDY CERVCL BELV C2 EA ADDL NTRSPC	V Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioner and providers; •Pertinent evaluations from other health care practitioner; •Pertinent nert, sgraphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22554	ARTHRD ANT MIN DISCECT INTERBODY CERV BELOW C2	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22556	ARTHRD ANT MIN DISCECTOMY INTERBODY THORACIC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent nert, sgraphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22558	ARTHRODESIS ANTERIOR INTERBODY LUMBAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent tevaluations from other health care practitioners and providers; •Pertinent torst, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22586	ARTHRODESIS PRESACRAL INTRBDY W INSTRUMENT L5-S1	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretrinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent torts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22590	ARTHRODESIS POSTERIOR CRANIOCERVICAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial histor; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent nerds, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22595	ARTHRODESIS POSTERIOR ATLAS- AXIS C1-C2	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem =Clinical earns =Pertinent diagnostic testing results, operative and/or pathological reports; =Pretinent graphs and progress notes; =Pertinent synchasticitations often other health care practitioner; =Pertinent evaluations from other health care practitioners and providers; =Pertinent evaluations from other health care practitioners; =Pertinent evaluations reavaling to information, as appropriate; =Rehabilitation evaluations; =Information negarding the local delivery system; and =Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22600	ARTHRODESIS PST PSTLAT CERVICAI BELW C2 SGM	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent process notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent revaluations from other health care practitioners and providers; +Pertinent treatures protographs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22610	ARTHRODESIS POSTERIOR POSTEROLATERAL THORACIC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent paychosocial history; +Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent that, graphs or photographic information, as appropriate; •Rehabilitation evaluations; Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22612	ARTHRODESIS POSTERIOR POSTEROLATERAL LUMBAR	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent payschosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent thats, graphs or photographic information, as appropriate; +Rehabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22630	ARTHRODESIS POSTERIOR INTERBODY LUMBAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent paychosocial history; +Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent that, graphs or photographic information, as appropriate; •Rehabilitation evaluations; Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22633	ARTHDSIS POST POSTEROLATRL POSTINTERBODY LUMBAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Teratment plan and progress notes; •Pertinent psychosocial history; #Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from the hold hours appropriate; •Rehabilitation evaluations; information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/21/202
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22800	ARTHRODESIS POSTERIOR SPINAL DFRM UP 6 VRT SEG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations rom other health care practitioners and providers; •Pertinent revaluation subtors; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/202
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22802	ARTHRODESIS POSTERIOR SPINAL DFRM 7-12 VRT SEG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent overlautions; •Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22804	ARTHRODESIS POSTERIOR SPINAL DFRM 13 OR GRT VRT SEG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations rom other health care practitioner and providers; •Pertinent evaluations rom other health care practitioner, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22808	ARTHRODESIS ANTERIOR SPINAL DFRM 2-3 VRT SEG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical esam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent overlautions; •Information avaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/21/202

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22810	ARTHRODESIS ANTERIOR SPINAL DFRM 4-7 VRT SEG	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pertinent plan and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations from the health care practitioners and providers; • Pertinent evaluations from the health care practitioners and providers; • Pertinent evaluations from the health care practitioners and providers; • Pertinent evaluations from the health care practitioners and providers; • Pertinent evaluations from the health care practitioners and providers; • Pertinent evaluations from the health care practitioners and providers; • Pertinent evaluations from the health care practitioners and providers; • Pertinent evaluations from the health care practitioners and providers; • Pertinent evaluations from the health care practitioners and providers; • Pertinent evaluations from the health care practitioners and providers; • Pertinent evaluations from the health care practitioners and providers; • Pertinent evaluations from the health care practitioners and providers; • Pertinent evaluations from the health care practitioners and providers; • Pertinent evaluations from the health care practitioners and providers; • Pertinent evaluations; • P	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22812	ARTHRODESIS ANTERIOR SPINAL DFRM 8 OR GRT VRT SEG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostit testing results, operative and/or pathological reports; •Teratment plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent overlation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22818	KYPHECTOMY SINGLE OR TWO SEGMENTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent plan and progress notes; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners; •Pertinent evaluation sequely or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22819	KYPHECTOMY 3 OR MORE SEGMENTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent glan and progress notes; •Pertinent park and progress notes; •Pertinent paychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent overlations; •Information evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22849	REINSERTION SPINAL FIXATION DEVICE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent glan and progress notes; •Pertinent park and progress notes; •Pertinent paychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent overlations; •Information evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22850	REMOVAL POSTERIOR NONSEGMENTAL INSTRUMENTATION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent path and any grogers notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22852	REMOVAL POSTERIOR SEGMENTAL INSTRUMENTATION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem -Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations rom other health care practitioners and providers; •Pertinent evaluations rom other health care practitioners and providers; •Pertinent carding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22855	REMOVAL ANTERIOR INSTRUMENTATION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations regards or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22856	TOT DISC ARTHRP ART DISC ANT APPRO 1 NTRSPC CRV	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent cards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22857	TOT DISC ARTHRP ART DISC ANT APPRO 1 NTRSPC LMBR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations rom other health care practitioners and providers; •Pertinent oralise, regults or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2023	22860	TOTAL DISC ARTHRP ANT SECOND INTERSPACE LUMBAR	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent chards, graphs or photographic information, as appropriate; +Rehabilitation regarding the local delivery system; and +Patient characteristics and information	Molina Clinical Policy: Artificial Intervertebral Disc Replacement (ADR) Surgery (Lumbar and Cervical)	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22861	REVJ RPLCMT DISC ARTHROPLASTY ANT 1 NTRSPC CRV	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent gasnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; =Information and progress notes; *Pertinent evaluations from other health care practitioner; +Pertinent tasts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Artificial Intervertebral Disc Replacement (ADR) Surgery (Lumbar and Cervical)	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22862	REVJ RPLCMT DISC ARTHROPLASTY ANT 1 NTRSPC LMBR	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent plan and progress notes; +Pertinent plan and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent characts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Artificial Intervertebral Disc Replacement (ADR) Surgery (Lumbar and Cervical)	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22864	RMVL DISC ARTHROPLASTY ANT 1 INTERSPACE CERVICAL	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent charts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information negarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Artificial Intervertebral Disc Replacement (ADR) Surgery (Lumbar and Cervical)	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22865	RMVL DISC ARTHROPLASTY ANT 1 INTERSPACE LUMBAR	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history; +Pertinent psychosocial history; +Pertinent evaluations from other health care practitioner; +Pertinent charts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Artificial Intervertebral Disc Replacement (ADR) Surgery (Lumbar and Cervical)	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22867	INSJ STABLI DEV W DCMPRN LUMBAR SINGLE LEVEL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; endformation and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations; •Rehabilitation evaluations; •Rehabilitation evaluations; •Are the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22868	INSJ STABLJ DEV W DCMPRN LUMBAR SECOND LEVEL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent overlation evaluations; Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22869	INSJ STABLJ DEV W O DCMPRN LUMBAR SINGLE LEVEL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertiment diagnostic testing results, operative and/or pathological reports; •Pertiment plan and progress notes; •Pertiment psychosocial history; Information and consultations with the treating practitioner; •Pertiment evaluations from other health care practitioners and providers; •Pertiment evaluations from other health care practitioners; •Pertiment evaluations rom other health care practitioners; •Pertiment overlation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22870	INSJ STABLJ DEV W O DCMPRN LUMBAR SECOND LEVEL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent organism evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	23410	OPEN REPAIR OF ROTATOR CUFF ACUTE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	23412	OPEN REPAIR OF ROTATOR CUFF CHRONIC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations regards or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	23415	CORACOACROMIAL LIGAMENT RELEAS W/WOACROMIOPLASTY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •Listory of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations rom other health care practitioners and providers; •Pertinent evaluations rom other health care practitioners and providers; •Pertinent carls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	23420	RECONSTRUCTION ROTATOR CUFF AVULSION CHRONIC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretrinent paychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	23430	TENODESIS LONG TENDON BICEPS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent negative revealuations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	23450	CAPSULORRHAPHY ANTERIOR PUT PLATT/MAGNUSON	 Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent charles, graphs or photographic information, as appropriate; Pertinent charles, graphs or photographic information, as appropriate; Information regarding the local delivery system; and Patient characteristics and information 	Third Party Proprietary Criteria	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	23455	CAPSULORRHAPHY ANTERIOR W/LABRAL REPAIR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent gan and progress notes; •Pertinent psychosocial history; •Pertinent psychosocial history; •Pertinent outlations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	23460	CAPSULORRHAPHY ANTERIOR WITH BONE BLOCK	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent genostic testing results, operative and/or pathological reports; +Pretinent psychosocial history; Information and consultations with the treating practitioner; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations (geno evaluations; Herkabilittation evaluations; Information regarding the local delivery system; and +Patient characteristics and information	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	23462	CAPSULORRHAPHY ANTERIOR W/CORACOID PROCESS TR	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent revaluations from other health care practitioners; +Pertinent revaluations from other health care practitioners; +Pertinent charls; graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and Information	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	23465	CAPSULORRHAPHY GLENOHUMERAL JT PST W/WO BONE BLK	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent plan and progress notes; -Pertinent paychosocial history; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent tarks, graphs or photographic information, as appropriate; -Rechabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	23466	CAPSULORRHAPHY GLENOHUMRL J MULTI-DIRIONAL INS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent revaluations from other health care practitioners; •Pertinent revaluations revaluations; Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	23470	ARTHROPLASTY GLENOHUMRL JT HEMIARTHROPLASTY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	23472	ARTHROPLASTY GLENOHUMERAL JOINT TOTAL SHOULDER	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the traing practitioner; •Pertinent thats, graphs or photographic information, as appropriate; •Pertinent revaluations; •Information regarding the local delivery system; and +Patient characteristics and information	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	23473	REVIS SHOULDER ARTHRPLSTY HUMERAL/GLENOID COMPNT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent gian and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent nerds, graphs or photographic information, as appropriate; •Information regarding the local delivery system; and +Patient characteristics and information	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	23474	REVIS SHOULDER ARTHRPLSTY HUMERAL AND GLENOID COMPNT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent resultion regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	27120	ACETABULOPLASTY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial histor; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent torist, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	27125	HEMIARTHROPLASTY HIP PARTIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and conscultations with the treating practitioner; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	27130	ARTHRP ACETBLR PROX FEM PROSTC AGRFT ALGRFT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent resultion evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	27132	CONV PREV HIP TOT HIP ARTHRP W WO AGRFT ALGRFT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent generation and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioner; •Pertinent tevaluations from other health care practitioner, *Pertinent revaluations regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	27134	REVJ TOT HIP ARTHRP BTH W WO AGRFT ALGRFT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent net evaluations for other health care practitioners and providers; •Pertinent net evaluations regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	27137	REVJ TOT HIP ARTHRP ACTBLR W	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent net evaluations from other health care practitioners and providers; •Pertinent net evaluations from other health care practitioners and providers; •Pertinent net revaluations from other health care practitioners and providers; •Pertinent net revaluations from other health care practitioners and providers; •Pertinent chards, graphs or photographic information, as appropriate; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	27138	REVJ TOT HIP ARTHRP FEM ONLY W WO ALGRFT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chars, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2024	27278	ARTHRD SI JT PRQ W/PLMT IARTIC IMPLT WO TFXJ DEV	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	27332	ARTHRT W/EXC SEMILUNAR CRTLG KNEE MEDIAL/LAT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent nevaluations; •Information regarding the local delivery system; and +Patient characteristics and information	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	27333	ARTHRT W/EXC SEMILUNAR CRTLG KNEE MEDIAL and LAT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent revaluations from other health care practitioners and providers; •Pertinent revaluations from other health care practitioners and providers; •Pertinent revaluations (s); •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	27405	RPR PRIMARY TORN LIGM and /CAPSULE KNEE COLLATERAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent revaluations from other health care practitioners and providers; •Pertinent revaluations from other health care practitioners and providers; •Pertinent revaluations (s; •Pertinent revaluations (s; •Pertinent care includent); •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	27407	REPAIR PRIMARY TORN LIGM and	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; •Pertinent guarant; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent psychosocial history; •Pertinent psychosocial history; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	27409	RPR 1 TORN LIGM and /CAPSL KNE COLTRL and CRUCIATE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pain and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent thats, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	27412	AUTOLOGOUS CHONDROCYTE IMPLANTATION KNEE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent net availages or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Texas Medicaid Provider Procedures Manual	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	27415	OSTEOCHONDRAL ALLOGRAFT KNE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +ilistory of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent process notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	27416	OSTEOCHONDRAL AUTOGRAFT KNEE OPEN MOSAICPLASTY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Cinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent torks, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	27418	ANTERIOR TIBIAL TUBERCLEPLASTY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent net evaluations from other health care practitioners and providers; •Pertinent net evaluations from other health care practitioners and providers; •Pertinent net evaluations from other health care practitioners and providers; •Pertinent net evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	27420	RCNSTJ DISLOCATING PATELLA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent nerding evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	27422	RCNSTJ DISLC PATELLA W/XTNSR RELIGNMT and /MUSC RL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Prentinent pan and progress notes; •Pertinent evaluations into the reating practitioner; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	27424	RCNSTJ DISLC PATELLA W/PATELLECTOMY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent nerding evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	27427	LIGAMENTOUS RECONSTRUCTION KNEE EXTRA-ARTICULAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent torks, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/21/2024

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	27428	LIGAMENTOUS RECONSTRUCTION KNEE INTRA-ARTICULAR	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent diagnostic strong results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and +Patient characteristics and information	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	27429	LIGMOUS RCNSTJ AGMNTJ KNE INTRA-ARTICULAR XTR	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent gasnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history: +Information and progress notes; +Pertinent evaluations from other health care practitioner; +Pertinent tradits, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information negarding the local delivery system; and +Patient characteristics and information	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	27438	ARTHROPLASTY PATELLA W PROSTHESIS	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history; +Pertinent psychosocial history; +Pertinent evaluations from other health care practitioner; +Pertinent thats, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	27440	ARTHROPLASTY KNEE TIBIAL PLATEAU	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent characts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information negarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	27441	ARTHRP KNEE TIBIAL PLATEAU DBRDMT AND PRTL SYNVCT	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent tradits, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	27442	ARTHROPLASTY FEM CONDYLES TIBIAL PLATEAU KNEE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pain and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	27443	ARTHRP FEM CONDYLES TIBL PLATL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and propriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	27445	ARTHROPLASTY KNEE HINGE PROSTHESIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +Ilistory of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent nergarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	27446	ARTHRP KNEE CONDYLE AND PLATEAU MEDIAL LAT CMPRT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent testing results operation, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	27447	ARTHRP KNE CONDYLE AND PLATU MEDIAL AND LAT COMPARTMENTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +Ilistory of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent nergarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	27486	REVJ TOTAL KNEE ARTHRP W WO ALGRFT 1 COMPONENT	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem • Clinical earm; + Pertinent diagnostic testing results, operative and/or pathological reports; • Pertinent plan and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations from ther health care practitioners and providers; • Rehabilitation regarding the local delivery system; and • Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	27487	REVI TOT KNEE ARTHRP FEM AND ENTIRE TIBIAL COMPONE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history; Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations rom other health care practitioners and providers; +Pertinent overluations; =Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28035	RELEASE TARSAL TUNNEL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •Listory of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent paychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations rom other health care practitioners and providers; •Pertinent evaluations rom other health care practitioners; •Pertinent carls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28060	FASCIECTOMY PLANTAR FASCIA PARTIAL SPX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pan and progress notes; •Pertinent paychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent orealing evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28062	FASCIOTOMY PLANTAR FASCIA RADICAL SPX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent paychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations rom other health care practitioners; •Pertinent evaluations rom other health care practitioners; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28080	EXCISION INTERDIGITAL MORTON NEUROMA SINGLE EACH	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28090	EXC LESION TENDON SHEATH CAPSULE W SYNVCT FOOT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent tevaluations from other health care practitioners and providers; •Pertinent regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28092	EXC LESION TENDON SHEATH CAPSULE W SYNVCT TOE EA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial histor; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent hards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28104	EXC CURTG BONE CYST B9 TUMORTARSAL METATARSAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent tests, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28108	EXC CURTG CST B9 TUM PHALANGE FOOT	 G information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Prestment psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent torts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information. 	Third Party Proprietary Criteria	2/21/2024

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28110	OSTECTOMY PRTL 5TH METAR HEA	D Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations from other health care practitioner; • Information evaluations; • Information regarding the local delivery system; and • Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28111	OSTECTOMY COMPLETE 1ST METATARSAL HEAD	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pertinent plan and progress notes; =Pertinent evaluations from other health care practitioner; =Pertinent evaluations from other health care practitioners and providers; =Pertinent evaluations from other health care practitioners and providers; =Pertinent overlation evaluations; =Nethabilitation evaluations; =Information regarding the local delivery system; and =Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28112	OSTECTOMY COMPLETE OTHER METATARSAL HEAD 2 3 4	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent evaluation regarbs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28113	OSTECTOMY COMPLETE STH METATARSAL HEAD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent plan and progress notes; •Pertinent parts and progress notes; •Pertinent parts on and consultations with the treating practitioner; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent orealistion evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28118	OSTECTOMY CALCANEUS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent plan and progress notes; •Pertinent parts and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent orelation evaluations; •Information evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28119	OSTECTOMY CALCANEUS SPUR W WO PLNTAR FASCIAL RLS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; •Pertinent aignostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28120	PARTIAL EXCISION BONE TALUS CALCANEUS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent nertine regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28122	PRTL EXC B1 TARSAL METAR B1 XCI TALUS CALCANEUS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial histor; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28124	PARTICAL EXCISION BONE PHALAN	x Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care supportiate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28200	RPR TDN FLXR FOOT 1 2 W O FREE GRAFG EACH TENDON	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pain and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioner; •Pertinent oregarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28202	RPR TENDON FLXR FOOT SEC W FRE GRAFT EA TENDON	E Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations; Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28208	REPAIR TENDON EXTENSOR FOOT 1 2 EACH TENDON	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent neration evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28210	RPR TENDON XTNSR FOOT SEC W FREE GRAFT EA TENDON	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28270	CAPSUL MTTARPHINGL IT W WO TENORRHAPHY EA JT SPX	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent psychosocial history; Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent evaluations from other health care practitioners and providers; -Pertinent evaluations from other health care practitioners and providers; -Pertinent evaluations regarding the local delivery system; and -Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28285	CORRECTION HAMMERTOE	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Prestment plan and progress notes; -Pertinent evaluations from other health care practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent charls, graphs or photographic information, as appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28286	CORRECTION COCK-UP 5TH TOE W PLASTIC CLOSURE	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pertinent psychosocial history; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent testings or photographic information, as appropriate; • Rehabilitation regarding the local delivery system; and • Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28288	OSTC PRTL EXOSTC CONDYLC META HEAD	R Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent gian and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent revaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28289	HALLUX RIGIDUS W CHEILECTOMY 1ST MP JT W O IMPLT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent results or pottographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28291	HALLUX RIGIDUS W CHEILECTOMY 1ST MP JT W IMPLT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Olinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent tharts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28292	CORRI HALLUX VALGUS W SESMDC W RESCI PROX PHAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent testing results of practitioners and providers; •Pertinent testing or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28295	CORRI HALLUX VALGUS W SESMDC W PROX METAR OSTEOT	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pertinent pain and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent charts, graphs or photographic information, as appropriate; • Rehabilitation regarding the local delivery system; and • Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28296	CORRI HALLUX VALGUS W SESMDC W DIST METAR OSTEOT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent resultion regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28297	CORRJ HALLUX VALGUS W SESMDC W 1METAR MEDIAL CNF	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent tests, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28298	CORRI HALLUX VALGUS W SESMDC W PROX PHLNX OSTEOT	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Olinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent tarks, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28299	CORRJ HALLUX VALGUS W SESMDC W 2 OSTEOT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent torts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28300	OSTEOTOMY CALCANEUS W WO INTERNAL FIXATION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28304	OSTEOTOMY TARSAL BONES OTH THN CALCANEUS TALUS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent nervalues; •Information negarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28305	OSTEOT TARSAL OTH THN CALCANEUS TALUS W AGRFT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent net evaluations from other health care practitioners; •Pertinent net evaluations; •Information negarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28306	OSTEOT W WO LNGTH SHRT CORRJ 1ST METAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent evaluations sint the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28307	OSTEOT W WO LNGTH SHRT CORRJ METAR XCP 1ST TOE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial histor; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent nervice revealuations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28308	OSTEOT W WO LNGTH SHRT CORRJ METAR XCP 1ST EA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical earm; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; +Pertinent extualizations from other health care practitioners and providers; •Pertinent extualizations from other health care practitioners and providers; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28309	OSTEOT W WO LNGTH SHRT ANGULAR CORRJ METAR MLT	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Cincial eagent: Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent treatuations form other health care practitioners and providers; •Pertinent revaluations (general evaluations); •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28310	OSTEOT SHRT CORIJ PROX PHALAN. 1ST TOE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent part and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent characteristics and or hospital or function; *Pertinent characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28312	OSTEOT SHRT CORRJ OTH PHALANGES ANY TOE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent payschossical history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; *Rehabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28313	RCNSTJ ANGULAR DFRM TOE SOFT TISS PX ONLY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent paychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent thats, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28315	SESAMOIDECTOMY FIRST TOE SPX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent totals, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28320	REPAIR NONUNION MALUNION TARSAL BONES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical examples of the presenting problem -Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent generative and/or pathological reports; +Pertinent psychosocial history; Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Pertinent revaluations from other health care practitioners and providers; +Pertinent nervals or photographic information, as appropriate; +Rehabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28322	RPR NON MALUNION METARSAL W WO BONE GRAFT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent nerships or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28344	RECONSTRUCTION TOE POLYDACTYLY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent testings or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28345	RCNSTJ TOE SYNDACTYLY W WO SKIN GRAFT EACH WEB	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent nervalues on other health care practitioners and providers; •Pertinent revaluations from other health care practitioners and providers; •Pertinent revaluations (s) •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28705	ARTHRODESIS PANTALAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; #Pertinent diagnostic testing results, operative and/or pathological reports; #Pertinent plan and progress notes; #Pertinent plan and progress notes; #Pertinent psychosocial history; Information and consultations with the treating practitioner; #Pertinent charts, graphs or photographic information, as appropriate; #Rethinent charts, graphs or photographic information, as appropriate; #Rethinent charts, graphs or photographic information, and #Information regarding the local delivery system; and #Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28715	ARTHRODESIS TRIPLE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28725	ARTHRODESIS SUBTALAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; #Pertinent diagnostic testing results, operative and/or pathological reports; #Pertinent plan and progress notes; #Pertinent psychosocial history; Information and consultations with the treating practitioner; #Pertinent evaluations from other health care practitioners and providers; #Pertinent charts, graphs or photographic information, as appropriate; #Retabilitation evaluations; Information regarding the local delivery system; and #Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28730	ARTHRD MIDTARSL TARSOMETATARSAL MULT TRANSVRS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pertinent plan and progress notes; =Pertinent psychosocial history; =Information and consultations with the treating practitioner; =Pertinent evaluations from other health care practitioners and providers; =Pertinent charts, graphs or photographic information, as appropriate; =Rethabilitation evaluations; =Information regarding the local delivery system; and =Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28735	ARTHRD MIDTARSL TARS MLT TRANSVRS W OSTEOT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pertinent plan and progress notes; =Pertinent psychosocial history; =Information and consultations with the treating practitioner; =Pertinent evaluations from other health care practitioners and providers; =Pertinent charts, graphs or photographic information, as appropriate; =Rethabilitation evaluations; =Information regarding the local delivery system; and =Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28737	ARTHRD W TDN LNGTH AND ADVMNT TARSL NVCLR-CUNEIFOR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent thats, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28740	ARTHRODESIS MIDTARSOMETATARSAL SINGLE JOINT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent valuations from other health care practitioners and providers; •Pertinent valuations from other health care practitioners and providers; •Pertinent revaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28750	ARTHRODESIS GREAT TOE METATARSOPHALANGEAL JOINT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent tevaluations mother health care practitioners; •Pertinent tevaluations from other health care practitioners; •Pertinent revaluations regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28755	ARTHRODESIS GREAT TOE INTERPHALANGEAL JOINT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Olinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pain and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent torsts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28760	ARTHRD W XTNSR HALLUCIS LONGUS TR 1ST METAR NCK	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent testing sorphotographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28890	ESWT HI NRG PHYS QHP W US GDN INVG PLNTAR FASCIA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	29805	ARTHROSCOPY SHOULDER DX W/WO SYNOVIAL BIOPSY SPX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29806	ARTHROSCOPY SHOULDER SURGICAL CAPSULORRHAPHY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations rom other health care practitioners and providers; •Pertinent evaluations rom other health care practitioners and providers; •Pertinent cards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29807	ARTHROSCOPY SHOULDER SURGICAL REPAIR SLAP LESION	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent psychosocial history; Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent evaluations from other health care practitioners and providers; -Pertinent evaluations from other health care practitioners and providers; -Pertinent orealizations; Information regarding the local delivery system; and -Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29819	ARTHROSCOPY SHOULDER SURGICAL REMOVAL LOOSE FB	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretrinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent orearding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29820	ARTHROSCOPY SHOULDER SURG SYNOVECTOMY PARTIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Ireatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from ther health care practitioners and providers; •Pertinent evaluations from the health care practitioners and providers; •Pertinent evaluations; •Pertinent e	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29821	ARTHROSCOPY SHOULDER SURG SYNOVECTOMY COMPLETE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical seam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluation soft nor the health care practitioners and providers; •Pertinent overlation evaluations; •Information avaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29822	ARTHROSCOPY SHOULDER SURG DEBRIDEMENT LIMITED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluation sequal on photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29823	ARTHROSCOPY SHOULDER SURG DEBRIDEMENT EXTENSIVE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners; •Pertinent orealistion evaluations; •Information evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29824	ARTHROSCOPY SHOULDER DISTAL CLAVICULECTOMY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29825	ARTHROSCOPY SHOULDER AHESIOLYSIS W WO MANIPJ	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chars, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29827	ARTHROSCOPY SHOULDER ROTATO CUFF REPAIR	R Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent diagnostic lesting results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29828	ARTHROSCOPY SHOULDER BICEPS TENODESIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent newlawitons; •Pertinent newlawitons; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	29860	ARTHROSCOPY HIP DIAGNOSTIC W/WO SYNOVIAL BYP SPX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	29862	ARTHRS HIP DEBRIDEMENT/SHAVING ARTICULAR CRTLG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	29863	ARTHROSCOPY HIP SURGICAL W/SYNOVECTOMY	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations; • Pertinent evaluation; • Pertinent evaluation; • Pertinent evaluation; • Pertinent evaluation; • Pertinent evaluation; • Pertinent evalu	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	29866	ARTHROSCOPY KNEE OSTEOCHONDRAL AGRFT MOSAICPLAST	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent plan and progress notes; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent overlautions; •Information regarding the local delivery system; and +Patient characteristics and information	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	29867	ARTHROSCOPY KNEE OSTEOCHONDRAL ALLOGRAFT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent ownitions; •Information avaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	29868	ARTHROSCOPY KNEE MENISCAL TRNSPLJ MED/LAT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluation soft on other health care practitioners and providers; •Pertinent evaluation soft on other health care practitioners and providers; •Pertinent revaluation regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	29870	ARTHROSCOPY KNEE DIAGNOSTIC W/WO SYNOVIAL BX SPX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluation soft one other health care practitioners and providers; •Pertinent overlautions; •Information regarding the local delivery system; and +Patient characteristics and information	Third Party Proprietary Criteria	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29873	ARTHROSCOPY KNEE LATERAL RELEASE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29874	ARTHROSCOPY KNEE REMOVAL LOOSE FOREIGN BODY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical easis •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent nervalues on the subtorgraphic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29875	ARTHROSCOPY KNEE SYNOVECTOM LIMITED SPX	 Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Pretrinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent evaluations from other health care practitioners and providers; Information regarding the local delivery system; and Patient characteristics and information. 	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29876	ARTHROSCOPY KNEE SYNOVECTOM 2 OR GRT COMPARTMENTS	 Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Pretrinent pian and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent testing orbits or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information. 	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29877	ARTHRS KNEE DEBRIDEMENT SHAVING ARTCLR CRTLG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent testing services appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29879	ARTHRS KNEE ABRASION ARTHRP MLT DRLG MICROFX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29880	ARTHRS KNEE W MENISCECTOMY MED AND LAT W SHAVING	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent gian and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent resultion evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29881	ARTHRS KNE SURG W MENISCECTOMY MED LAT W SHVG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial histor; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent net states are provident appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29882	ARTHROSCOPY KNEE W MENISCUS RPR MEDIAL LATERAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial histor; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent torus, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29883	ARTHROSCOPY KNEE W MENISCUS RPR MEDIAL AND LATERAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial histor; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent torts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29884	ARTHROSCOPY KNEE W LYSIS ADHESIONS W WO MANJ SPX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent thats, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29885	ARTHRS KNEE DRILL OSTEOCHONDRITIS DISSECANS GRFG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent tevaluations from other health care practitioner and providers; •Pertinent resultion regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29886	ARTHRS KNEE DRILLING OSTEOCHOND DISSECANS LESION	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Olinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent tevaluations from other health care practitioner and providers; •Pertinent torst, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29887	ARTHRS KNEE DRLG OSTEOCHOND DISSECANS INT FIXJ	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent tevaluations from other health care practitioners and providers; •Pertinent torists, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29888	ARTHRS AIDED ANT CRUCIATE LIGN RPR AGMNTJ RCNSTJ	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent testing results or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29889	ARTHRS AIDED PST CRUCIATE LIGM RPR AGMNTJ RCNSTJ	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment paychosocial history; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/202
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29891	ARTHRS ANKLE EXC OSTCHNDRL DFCT W DRLG DFCT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent revaluations for other health care practitioners and providers; •Pertinent nevaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29892	ARTHRS AID RPR LES TALAR DOME FX TIBL PLAFOND FX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent nervalues of the subtory of t	Third Party Proprietary Criteria	2/21/202
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29893	ENDOSCOPIC PLANTAR FASCIOTOMY	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent psychosocial history; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent charts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29894	ARTHROSCOPY ANKLE W REMOVAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent nervalues of the care practitioners and providers; •Pertinent nervalues and services and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent chars, graphs or photographic information, as appropriate; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/202

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29895	ARTHROSCOPY ANKLE SURGICAL SYNOVECTOMY PARTIAL	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem • Clinical exam; + Pertinent diagnostic testing results, operative and/or pathological reports; + Treatment plan and progress notes; + Pertinent psychosocial history; + Information and consultations with the treating practitioner; + Pertinent evaluations from other health care practitioners and providers; + Pertinent caluations from other health care practitioners and providers; + Pertinent caluations from other health care practitioners and providers; + Pertinent charts, graphs or photographic information, as appropriate; + Rebabilitation evaluations; + Information regarding the local delivery system; and + Patient characteristics and information.	Third Party Proprietary Criteria	2/21/202
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29897	ARTHROSCOPY ANKLE SURGICAL DEBRIDEMENT LIMITED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent overlautions; •Information avaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29898	ARTHROSCOPY ANKLE SURGICAL DEBRIDEMENT EXTENSIVE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •Isitory of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluation softmore the protographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29899	ARTHROSCOPY ANKLE SURGICAL V ANKLE ARTHRODESIS	V Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent plan and progress notes; •Pertinent evaluations from other health care practitioner; *Pertinent evaluations rom other health care practitioners and providers; *Pertinent evaluations from other health care practitioners and providers; *Pertinent revaluations regarding the local delivery system; and *Patient characteristics and information. *Pertinent characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29914	ARTHROSCOPY HIP W FEMOROPLASTY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •Linicar exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent plan and progress notes; •Pertinent evaluations from other health care practitioner; •Information and consultations; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent overlautions; •Pertinent overlautions; •Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29915	ARTHROSCOPY HIP W ACETABULOPLASTY	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychosocial history: • Information and consultations with the reating practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations from ther health care practitioners and providers; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29916	ARTHROSCOPY HIP W LABRAL REPAIR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Prestment plan and progress notes; •Pertinent psychosocial history: •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent nergarshs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	30465	REPAIR NASAL VESTIBULAR STENOSIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent negative revealues (see the second secon	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2023	30469	RPR NSL VLV COLLAPSE LW NRG SUBQ/SBMCSL RMDLG	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent torsts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	30520	SEPTOPLASTY SUBMUCOUS RESECJ W WO CARTILAGE GRF	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretrinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioner, a appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	30545	REPAIR CHOANAL ATRESIA TRANSPALATINE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent testings or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	31253	NASAL SINUS NDSC TOT W FRNT SINS EXPL TISS RMVL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent results or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	31257	NASAL SINUS NDSC TOTAL WITH SPHENOIDOTOMY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations (s) •Pertinent evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	31259	NASAL SINUS NDSC TOT W SPHEND W SPHEN TISS RMVL	T Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +Iistory of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	31295	NASAL SINUS NDSC SURG W DILAT MAXILLARY SINUS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent results or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	31296	NASAL SINUS NDSC SURG W DILATION FRONTAL SINUS	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pretrinent plan and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations from other health care practitioners and providers; • Pertinent or evaluations; • Information avaluations; • Information regarding the local delivery system; and • Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	31297	NASAL SINUS NDSC SURG W DILATION SPHENOID SINUS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluation regards or hotographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	31298	NASAL SINUS NDSC W FRONTAL AND SPHEN SINS DILATION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	31660	BRONCHOSCOPIC THERMOPLASTY ONE LOBE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretrinent paychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioner, as appropriate; •Pertinent evaluation regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Bronchial Thermoplasty	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	31661	BRONCHOSCOPIC THERMOPLASTY OR GRT LOBES	2 Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioner; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Bronchial Thermoplasty	2/21/2024

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	33206	INS NEW RPLCMT PRM PACEMAKR W TRANS ELTRD ATRIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	33207	INS NEW RPLC PRM PACEMAKER W TRANSV ELTRD VENTR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	33208	INS NEW RPLCMT PRM PM W TRANSV ELTRD ATRIAL AND VENT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent treating spis or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	33210	INSJ/RPLCMT TEMP TRANSVNS 1CHMBR ELTRD/PM CATH	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent testing services on the practitioner appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	33211	INSJ/RPLCMT TEMP TRANSVNS 2CHMBR PACG ELTRDS SPX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent testing sorthorgraphic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/21/2024

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	33212	INS PM PLS GEN W EXIST SINGLE LEAD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent provide the soft of the second	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	33213	INS PACEMAKER PULSE GEN ONLY	W Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pain and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent thats, graphs or photographic information, as appropriate; •Pertinent revailations may: •Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	33214	UPG PACEMAKER SYS CONVERT 1CHMBR SYS 2CHMBR SYS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent resultations mother health care practitioners; •Pertinent resultations (s) •Pertinent regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	33215	RPSG PREV IMPLTED PM/DFB R ATR/R VENTR ELECTRODE	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent testing subtographic information, as appropriate; +Rehabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	33216	INSJ I TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretrinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent testing subtographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	33217	INSJ 2 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the relating practitioner; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from the local delivery system; and +Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	33221	INS PACEMAKER PULSE GEN ONLY I EXIST MULT LEADS	W Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioner, appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	33224	INSJ ELTRD CAR VEN SYS ATTCH PREV PM DFB PLS GEN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent net setups or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	33225	INSJ ELTRD CAR VEN SYS TM INSJ DFB PM PLS GEN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent testing strates of the practitioner is appropriate; •Pertinent chars, graphs or photographic information, as appropriate; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	33227	REMVL PERM PM PLSE GEN W REPI PLSE GEN SNGL LEAD	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Olinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent pain and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent torts; graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	33228	REMVL PERM PM PLS GEN W REPL PLSE GEN 2 LEAD SYS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	33229	REMVL PERM PM PLS GEN W REPL PLSE GEN MULT LEAD	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical example • Pertinent diagnostic testing results, operative and/or pathological reports; • Pretinent diagnostic testing results, operative and/or pathological reports; • Pretinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations from other health care practitioners and providers; • Pertinent resultion evaluations; • Information regarding the local delivery system; and • Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	33230	INSJ IMPLNTBL DEFIB PULSE GEN W EXIST DUAL LEADS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent results or pottographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	33231	INSJ IMPLNTBL DEFIB PULSE GEN W EXIST MULTILEADS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent that's, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	33240	INSJ IMPLNTBL DEFIB PULSE GEN W 1 EXISTING LD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent result on sufficient evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	33249	INSJ RPLCMT PERM DFB W TRNSVN LDS 1 DUAL CHMBR	S Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent evaluations from other health care practitioner; +Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations rom other health care practitioners; •Pertinent evaluations regards or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	33262	RMVL IMPLTBL DFB PLSE GEN W REPL PLSE GEN 1 LEAD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations rom other health care practitioners and providers; •Pertinent evaluation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	33263	RMVL IMPLTBL DFB PLSE GEN W RPLCMT PLSE GEN 2 LD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	33264	RMVL IMPLTBL DFB PLS GEN W RPLCMT PLS GEN MLT LD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent orealizations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	33267	Exclusion of left atrial appendage, open, any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip)	Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	Third Party Proprietary Criteria	2/21/2024

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	33268	EXCLUSION LAA OPEN TM STRNT/THRCM ANY METHOD	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent thats, graphs or photographic information, as appropriate; • Rehabilitation regarding the local delivery system; and • Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	33269	EXCLUSION L ATR APPENDAGE THORACOSCOPIC ANY METH	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent revaluations (s) •Pertinent revaluations (s) •Pertinent nevaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	33270	INS RPLCMNT PERM SUBQ IMPLTBL DFB W SUBQ ELTRD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent newlastions; •Pertinent newlastions; •Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	33274	TCAT INSJ RPL PERM LEADLESS PACEMAKER RV W IMG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent testing subtographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	33275	TCAT REMOVAL PERM LEADLESS PACEMAKER R VENTR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent nerships or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	33285	INSERTION SUBQ CARDIAC RHYTHN MONITOR W/PRGRMG	A Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	33289	TCAT IMPL WRLS P-ART PRS SNR L-1 HEMODYN MNTR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent general history; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent revaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	33370	TRANSCATHETER PLACEMENT and SBSQ REMOVAL CEPD PERQ	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent nevaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2023	33900	PERQ P-ART REVSC ST 1ST NML NATIVE CONNJ UNI	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent testing regulates of the state o	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2023	33901	PERQ P-ART REVSC ST 1ST NML NATIVE CONNJ BI	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent results or pottographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2023	33902	PERQ P-ART REVSC ST 1ST ABNOR CONNJ UNILATERAL	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent adjanostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent charts, graphs or photographic information, as appropriate; *Achabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2023	33903	PERQ P-ART REVSC ST 1ST ABNORMAL CONNJ BILATERAL	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Cinical eagen •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent treaduations from other health care practitioners; •Pertinent treaduations from other health care practitioners; •Pertinent revaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2023	33904	PERQ P-ART REVSC ST EA ADDL VSL/SEP LES NM/ABNL	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations (general evaluations); +Pertinent chards, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	33975	INSJ VENTRIC ASSIST DEV XTRCORP SINGLE VENTRICLE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent that, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	33976	INSJ VENTRIC ASSIST DEV XTRCORP BIVENTRICULAR	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations (general evaluation); +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information	Third Party Proprietary Criteria	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	33979	INSI VENTR ASSIST DEV IMPLTABLE ICORP 1 VNTRC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent testings for photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	36465	NJX NONCMPND SCLEROSANT SINGLE INCMPTNT VEIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical easis: •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent generative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent revaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	36466	NJX NONCMPND SCLEROSANT MULTIPLE INCMPTNT VEINS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent results or pathographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	36468	INJECTIONS SCLEROSANT FOR SPIDER VEINS LIM TRNK	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial histor; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent tevaluations from other health care practitioners and providers; •Pertinent revaluations from other health care practitioners and providers; •Pertinent nervalues of the care appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	36470	INJECTION SCLEROSANT SINGLE INCMPTNT VEIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent revaluations form other health care practitioners and providers; •Pertinent nervalues of the care appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	36471	INJECTION SCLEROSANT MULTIPLE INCMPTNT VEINS	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pertinent psychosocial history; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent totals, graphs or photographic information, as appropriate; • Rehabilitation regarding the local delivery system; and • Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	36473	ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM 1ST VEIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent nert, sgraphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent net availations spite information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	36476	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 2ND PLUS VEINS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent torist, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	36478	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 1ST VEIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent net evaluations from other health care practitioner, •Pertinent net evaluations from other health care practitioner, •Pertinent net revaluations (s) •Pertinent care grading the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	36479	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 2ND PLUS VEINS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Inicial exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from the health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	36482	ENDOVEN ABLTI THER CHEM ADHESIVE 1ST VEIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; Hinformation and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent carls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	36483	ENDOVEN ABLTI THER CHEM ADHESIVE SBSQ VEIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •Listory of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners; •Pertinent evaluation so photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	37191	INS INTRVAS VC FILTR W WO VAS ACS VSL SELXN RS AND I	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Anabalitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	37220	REVASCULARIZATION ILIAC ARTER'	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Achabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	37221	REVSC OPN/PRQ ILIAC ART W/STNT PLMT & ANGIOPLSTY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and propriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	37224	REVSC OPN/PRG FEM/POP W/ANGIOPLASTY UNI	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent results on other health care practitioners; •Pertinent nevaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	37225	REVSC OPN/PRQ FEM/POP W/ATHRC/ANGIOP SM VSL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Olinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent testing results or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	37226	REVSC OPN/PRQ FEM/POP W/STNT/ANGIOP SM VSL	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent part and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	37227	REVSC OPN/PRQ FEM/POP W/STNT/ATHRC/ANGIOP SM VSL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent torts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	37228	REVSC OPN/PRQ TIB/PERO W/ANGIOPLASTY UNI	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pain and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	37229	REVSC OPN/PRQ TIB/PERO W/ATHRC/ANGIOP SM VSL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	37230	REVSC OPN/PRQ TIB/PERO W/STNT/ANGIOP SM VSL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent evaluations from other health care practitioner; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations rom other health care practitioners and providers; •Pertinent evaluation regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	37231	REVSC OPN/PRQ TIB/PERO W/STNT/ATHR/ANGIOP SM VSL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretrinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	37243	VASCULAR EMBOLIZE OCCLUDE ORGAN TUMOR INFARCT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretrinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioner, a appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria for uterine or urologic procedure. Molina Clinical Policy: Genicular Artery Embolizaiton of the Knee for Osteoarthritis for knee procedure	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	37500	VASC ENDOSCOPY SURG W/LIG PERFORATOR VEINS SPX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent provide the soft of the second	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	37700	LIG AND DIV LONG SAPH VEIN SAPHFEM JUNCT INTERRUPJ	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent synchroscial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	37718	LIGJ DIVJ AND STRIPPING SHORT SAPHENOUS VEIN	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Olinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent testing services appropriate; +Pertinent testing services appropriate; +Pertinent nergarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	37722	LIGJ DIVJ AND STRIP LONG SAPH SAPHFEM JUNCT KNE BELW	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent torts; graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	37735	LIGJ AND DIVJ RADICAL STRIP LON SHORT SAPHENOUS	G Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent testing services appropriate; +Pertinent testing services and information, as appropriate; Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	37760	LIG PRFRATR VEIN SUBFSCAL RAD INCL SKN GRF 1 LEG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pain and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	37761	LIG PRFRATR VEIN SUBFSCAL OPEN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent evaluations into other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	37765	STAB PHLEBT VARICOSE VEINS 1 XT 10-20 STAB INCS	R Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioner, a supportinate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	37766	STAB PHLEBT VARICOSE VEINS 1 XT OVER 20 INCS	R Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent ond consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioner; •Pertinent nergets on test; •Pertinent consultations with the treating practitioner; •Pertinent nergets or the practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	37780	LIGJ AND DIV SHORT SAPH VEIN SAPHENOPOP JUNCT SPX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretrinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent nergarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	37785	LIGJ DIVJ AND EXCJ VARICOSE VEIN CLUSTER 1 LEG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chals, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/202
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	38204	MGMT RCP HEMATOP PROGENITOR CELL DONOR AND ACQUISJ	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chaustons from other health care practitioners; •Pertinent chaustons from other health care practitioners and providers; •Pertinent chars, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	38207	TRNSPL PREPJ HEMATOP PROGEN CELLS CRYOPRSRV STOR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; *Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Hematopoietic Stem Cell Transplantation for Hematologic Cancers; Hematopoietic Stem Cell Transplantation for Hematologic Disorders; Hematopoietic Stem Cell Transplantation for Non-Cancerous Diseases; Hematopoietic Stem Cell Transplantation for Solid Tumors	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	38208	TRNSPL PREP HEMATOP PROGEN THAW PREV HRV PER DNR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +ilistory of the presenting problem •Clinical easm; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Hematopoietic Stem Cell Transplantation for Hematologic Cancers; Hematopoietic Stem Cell Transplantation for Hematologic Disorders; Hematopoietic Stem Cell Transplantation for Non-Cancerous Diseases; Hematopoietic Stem Cell Transplantation for Solid Tumors	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	38209	TRNSP PREP HMATOP PROG THAW PREV HRV WSH PER DNR	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent paynosic testing results, operative and/or pathological reports; -Pertinent paynosic testing results, operative and/or pathological reports; -Pertinent paynosic desting with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; +Pertinent charts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Hematopoietic Stem Cell Transplantation for Hematologic Cancers; Hematopoietic Stem Cell Transplantation for Hematologic Disorders; Hematopoietic Stem Cell Transplantation for Non-Cancerous Diseases; Hematopoietic Stem Cell Transplantation for Solid Tumors	2/21/2024

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	38210	TRNSPL PREPJ HEMATOP PROGEN DEPLJ IN HRV T-CELL	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent dignostic testing results, operative and/or pathological reports; +Pertinent pathorson and consultations with the treating practitioner; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent exclusions from other health care practitioners; +Pertinent exclusions in the tographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Hematopoietic Stem Cell Transplantation for Hematologic Cancers; Hematopoietic Stem Cell Transplantation for Hematologic Disorders; Hematopoietic Stem Cell Transplantation for Non-Cancerous Diseases; Hematopoietic Stem Cell Transplantation for Solid Tumors	2/21/202
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	38211	TRNSPL PREPJ HEMATOP PROGEN TUM CELL DEPLJ	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent dignostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Treatment plan and progress notes; +Pertinent exploasional history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioner; and providers; +Pertinent exclusations from other health care practitioner; and providers; +Pertinent exclusations is; +Information evaluations; +Information regaring the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Hematopoietic Stem Cell Transplantation for Hematologic Cancers; Hematopoietic Stem Cell Transplantation for Hematologic Disorders; Hematopoietic Stem Cell Transplantation for Non-Cancerous Diseases; Hematopoietic Stem Cell Transplantation for Solid Tumors	2/21/202
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	38212	TRNSPL PREPJ HEMATOP PROGEN RED BLD CELL RMVL	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent dignostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners; and providers; +Pertinent exclusions from other health care practitioners; and providers; +Rechabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Hematopoietic Stem Cell Transplantation for Hematologic Cancers; Hematopoietic Stem Cell Transplantation for Hematologic Disorders; Hematopoietic Stem Cell Transplantation for Non-Cancerous Diseases; Hematopoietic Stem Cell Transplantation for Solid Tumors	2/21/202
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	38213	TRNSPL PREPJ HEMATOP PROGEN PLTLT DEPLJ	Information generally required to support authorization decision making includes, but not limited to: *Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem *Clinical exam; *Pertinent dignostic testing results, operative and/or pathological reports; *Treatment plan and progress notes; *Treatment plan and progress notes; *Information and consultations with the treating practitioner; *Pertinent evaluations from other health care practitioner; *Pertinent evaluations from other health care practitioner; *Pertinent evaluations from other health care practitioner; *Refeatibilitation evaluations; *Information evaluations; *Informati	Molina Clinical Policy: Hematopoietic Stem Cell Transplantation for Hematologic Cancers; Hematopoietic Stem Cell Transplantation for Hematologic Disorders; Hematopoietic Stem Cell Transplantation for Non-Cancerous Diseases; Hematopoietic Stem Cell Transplantation for Solid Tumors	2/21/202
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	38214	TRNSPL PREPJ HEMATOP PROGEN PLSM VOL DEPLJ	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +Ilistory of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent generation and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent treats, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Hematopoietic Stem Cell Transplantation for Hematologic Cancers; Hematopoietic Stem Cell Transplantation for Hematologic Disorders; Hematopoietic Stem Cell Transplantation for Non-Cancerous Diseases; Hematopoietic Stem Cell Transplantation for Solid Tumors	2/21/202

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	38215	TRNSPL PREPJ HEMATOP PROGEN CONCENTRATION PLSM	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; -Pertinent dignostic testing results, operative and/or pathological reports; +Pertinent pathonstic testing process notes; +Pertinent pathonstic testing practitioner; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners; and providers; +Pertinent evaluations: +Information evaluations; +Information evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Hematopoietic Stem Cell Transplantation for Hematologic Cancers; Hematopoietic Stem Cell Transplantation for Hematologic Disorders; Hematopoietic Stem Cell Transplantation for Non-Cancerous Diseases; Hematopoietic Stem Cell Transplantation for Solid Tumors	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	38232	BONE MARROW HARVEST TRANSPLANTATION AUTOLOGOUS	Information generally required to support authorization decision making includes, but not limited to: *Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; *History of the presenting problem *Clinical exam; *Pertinent diagnostic testing results, operative and/or pathological reports; *Treatment plan and progress notes; *Pertinent approximations with the treating practitioner; *Pertinent evaluations from other health care practitioners; and providers; *Pertinent evaluations from other health care practitioners; and providers; *Pertinent evaluations: *Rehabilitation evaluations; *Information evaluations; *Information evaluations; *Information evaluations; *Information regarding the local delivery system; and *Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	42975	Drug-induced sleep endoscopy, with dynamic evaluation of velum, pharynx, tongue base, and larynx for evaluation of sleep-disordered breathing, flexible, diagnostic	Information generally required to support authorization decision making includes, but not limited to: *Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; *History of the presenting problem *Clinical exam; *Pertinent diagnostic testing results, operative and/or pathological reports; *Pertinent diagnostic testing results, operative and/or pathological reports; *Pertinent psychosocial history; *Pertinent charcs (grahs or photographic information, as appropriate; *Pertinent tacks, grahs or photographic information, as appropriate; *Rehabilitation evaluations; *Information evaluations;	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2023	43291	ESPHGGSTRDUDNSCPY, FLXIBLE, TRNSORAL; WITH RMVL OF INTRAGASTRIC BARIATRIC BALLON(5)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	43644	LAPS GSTR RSTCV PX W BYP ROUX- EN-Y LIMB UNDER 150 CM	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent characts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/2024

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	43645	LAPS GSTR RSTCV PX W BYP AND SI INT RCNSTJ	M Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem =Inclinical earn; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pertinent psychosocial history; =Information and consultations with the treating practitioner; =Pertinent evaluations from other health care practitioners and providers; =Pertinent charts, graphs or photographic information, as appropriate; =Information regarding the local delivery system; and =Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	43647	LAPS IMPLTJ RPLCMT GASTRIC NSTIM ELTRD ANTRUM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations rom other health care practitioners and providers; •Pertinent evaluations rom other health care practitioners and providers; •Pertinent cards, graphs or photographic information, as appropriate; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	43648	LAPS REVISION RMVL GASTRIC NSTIM ELTRD ANTRUM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations rom other health care practitioners and providers; •Pertinent overluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	43770	LAPS GASTRIC RESTRICTIVE PROCEDURE PLACE DEVICE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •Ilistory of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations rom other health care practitioners and providers; •Pertinent correspondent evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	43771	LAPS GASTRIC RESTRICTIVE PX REVISION DEVICE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +Ilistory of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent paychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations rom other health care practitioners and providers; •Pertinent own the set of th	Texas Medicaid Provider Procedures Manual	2/21/2024

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	43772	LAPS GASTRIC RESTRICTIVE PX REMOVE DEVICE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	43773	LAPS GASTRIC RESTRICTIVE PX REMOVE AND RPLCMT DEVICE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent tevaluations from other health care practitioners and providers; •Pertinent regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	43774	LAPS GASTRIC RESTRICTIVE PX REMOVE DEVICE AND PORT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent tevaluations mother health care practitioners and providers; •Pertinent revaluations from other health care practitioners and providers; •Pertinent revaluations form other health care practitioners and providers; •Pertinent revaluations (s) •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	43842	GASTRIC RSTCV W O BYP VERTICAL BANDED GASTROPLY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/2024

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	43843	GSTR RSTCV W O BYP OTH THN VER BANDED GSTP	 Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Prestment plan and progress notes; Pertinent psychosocial history; Information and consultations with the traing practitioner; Pertinent charls, graphs or photographic information, as appropriate; Rehabilitation regarding the local delivery system; and Information regarding the local delivery system; and Patient characteristics and information. 	Texas Medicaid Provider Procedures Manual	2/21/202
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	43845	GASTRIC RSTCV W PRTL GASTRECTOMY 50-100 CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical ease; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent totats, graphs or photographic information, as appropriate; +Rehabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	43846	GASTRIC RSTCV W BYP W SHORT LIMB 150 CM OR LESS	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Olinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent results or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	43847	GASTRIC RSTCV W BYP W SM INT RCNSTJ LIMIT ABSRPJ	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent tevaluations from other health care practitioners; •Pertinent torist, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/202
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	43848	REVISION OPEN GASTRIC RESTRICTIVE PX NOT DEVICE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent net evaluations from other health care practitioners and providers; •Pertinent net evaluations from other health care practitioners and providers; •Pertinent net revaluations from other health care practitioners and providers; •Pertinent net revaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/202

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	43881	IMPLTJ RPLCMT GASTRIC NSTIM ELTRDE ANTRUM OPEN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent carls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	43882	REVISION RMVL GASTRIC NSTIM ELTRDE ANTRUM OPEN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioner, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	43886	GSTR RSTCV PX OPN REVJ SUBQ PORT COMPONENT ONLY	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent evaluations from other health care practitioners and providers; -Pertinent negative revealues () -Rehabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	43887	GSTR RSTCV PX OPN RMVL SUBQ PORT COMPONENT ONLY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations rom other health care practitioners and providers; •Pertinent evaluations rom other health care practitioners and providers; •Pertinent evaluations rom other health care practitioners and providers; •Pertinent cards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	43888	GSTR RSTCV OPN RMVL AND RPLCMT SUBQ PORT	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/2024

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	47610	CHOLECYSTECTOMY W EXPLORATION COMMON DUCT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	47612	CHOLECYSTECTOMY EXPL DUCT CHOLEDOCHOENTEROSTOMY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent resultion regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	49904	OMENTAL FLAP EXTRA-ABDOMINAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial histor; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent tevaluations from other health care practitioners and providers; •Pertinent resultion regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	49906	FREE OMENTAL FLAP W MICROVASCULAR ANAST	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial histor; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent testing results or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	50590	LITHOTRIPSY XTRCORP SHOCK WAVE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial histor; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent torts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	52441	CYSTO INSERTION TRANSPROSTATIO	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical earm; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent synchosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent extualizations from other health care practitioners and providers; •Pertinent extualizations from other health care practitioners and providers; •Pertinent extualizations from other health care practitioners and providers; •Pertinent extualizations form other health care practitioners and providers; •Pertinent extualizations form other health care practitioners and providers; •Pertinent extualizations form other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	52649	LASER ENUCLEATION PROSTATE W MORCELLATION	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical earns -Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; -Pertinent psychosocial history; -Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners; -Pertinent treating or photographic information, as appropriate; +Rehabilitation evaluations; -Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2023	53410	URETHROPLASTY 1 STG RECNST MALE ANTERIOR URETHRA	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent revaluations from other health care practitioners; +Pertinent treats, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	No prior auth required for service when associated with a cancer diagnosis.	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2023	53420	URTP 2-STG RCNSTJ/RPR PROSTAT/URETHRA 1ST STAGE	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and progress notes; +Pertinent revaluations from other health care practitioner; +Pertinent revaluations form other health care practitioners and providers; +Pertinent tradits, graphs or photographic information, as appropriate; +Rehabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	No prior auth required for service when associated with a cancer diagnosis.	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2023	53425	URTP 2-STG RCNSTJ/RPR PROSTAT/URETHRA 2ND STAGE	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent treatures protographic information, as appropriate; +Rehabilitation evaluations; Hinformation regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	No prior auth required for service when associated with a cancer diagnosis.	2/21/2024

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2023	53430	URETHROPLASTY RCNSTJ FEMALE URETHRA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent torships or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	No prior auth required for service when associated with a cancer diagnosis.	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	53451	PERIURETHRAL TPRNL ADJTBL BALC CNTNC DEV BI INSJ	Information generally required to support authorization decision making includes, but not limited to: • Ourment (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pertinent psychosocial history; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent torts, graphs or photographic information, as appropriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and + Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	53452	PERIURETHRL TPRNL ADJTBL BALO CNTNC DEV UNI INSJ	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and congress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	53453	PERIURETHRAL TPRNL ADJTBL BALC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	53454	PERIURETHRAL TPRNL ADJTBL BALC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent net availations site in other space in the support of the su	Third Party Proprietary Criteria		2/21/2024

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	53850	TRURL DSTRJ PRSTATE TISS MICROWAVE THERMOTH	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pertinent plan and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations (more the hold regression), a sappropriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	53852	TRURL DSTRJ PRSTATE TISS RF THERMOTH	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent evaluations from other health care practitioner; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitiones and providers; •Pertinent evaluations from other health care practitiones; •Pertinent overlation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	53854	TRURL DSTRJ PRST8 TISS RF WV THERMOTHERAPY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent plan and progress notes; •Information and consultations with the treating practitioner; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioner, appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2023	54125	AMPUTATION PENIS COMPLETE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical seam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitiones and providers; •Pertinent evaluations rom other health care practitiones, and providers; •Pertinent evaluations from other health care practitiones, and providers; •Pertinent evaluations from other health care practitiones, and providers; •Pertinent evaluations form evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria No prior auth required for service when associated with a cancer diagnosis.	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	54401	INSJ PENILE PROSTHESOS INFLATABLE SELF-CONTAINED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioner, appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	54405	INSI MULTI-COMPONENT INFLATABLE PENILE PROSTH	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem =Clinical exam; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pertinent psychosocial history; =Pertinent psychosocial history; =Information and consultations with the treating practitioner; =Pertinent chards, graphs or photographic information, as appropriate; =Rehabilitation regarding the local delivery system; and =Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2023	54410	RMVL AND RPLCMT INFLATABLE PENILE PROSTH SAME SESS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chals, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and *Patient characteristics and information.	Third Party Proprietary Criteria	No prior auth required for service when associated with a cancer diagnosis.	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2023	54411	RMVLAND RPLCMT NFLTBL PENILE PROSTH INFECTED FIEL	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical earn; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent chards, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	No prior auth required for service when associated with a cancer diagnosis.	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2023	54416	RMVL and RPLCMT NON- NFLTBL/NFLTBL PENILE PROSTHESI	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	No prior auth required for service when associated with a cancer diagnosis.	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2023	54417	RMVL AND RPLCMT PENILE PROSTHESIS INFECTED FIELD	Information generally required to support authorization decision making includes, but not limited to: *Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; *History of the presenting problem *Clinical exam; *Pertiment diagnostic testing results, operative and/or pathological reports; *Pertiment psychosocial history; *Pertiment psychosocial history; *Pertiment evaluations from other health care practitioner; *Pertiment thats, graphs or photographic information, as appropriate; *Pertiment characteristics and lelivery system; and *Patient characteristics and information.	Third Party Proprietary Criteria	No prior auth required for service when associated with a cancer diagnosis.	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2023	54520	ORCHIECTOMY SIMPLE SCROTAL/INGUINAL APPROACH	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from ther health care practitioners and providers; •Pertinent evaluations; Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	No prior auth required for service when associated with a cancer diagnosis.	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2023	54690	LAPAROSCOPY SURGICAL ORCHIECTOMY	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pertinent plan and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent charls, graphs or photographic information, as appropriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information.	Third Party Proprietary Criteria	No prior auth required for service when associated with a cancer diagnosis.	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2023	55175	SCROTOPLASTY SIMPLE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +Uistory of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	No prior auth required for service when associated with a cancer diagnosis.	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2023	55180	SCROTOPLASTY COMPLICATED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent orealing evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	No prior auth required for service when associated with a cancer diagnosis.	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2023	55866	LAPS PROSTECT RETROPUBIC RAD W/NRV SPARING ROBOT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pain and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	No prior auth required for service when associated with a cancer diagnosis.	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2023	55867	LAPS SURG PRST8ECT SMPL STOT ROBOTIC ASSISTANCE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; endomation and consultations with the treating practitioner; •Pertinent psychosocial histor health care practitioners; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	No prior auth required for service when associated with a cancer diagnosis.	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	55874	TRANSPERINEAL PLMT BIODEGRADABLE MATRL 1 MLT NJX	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Pertinent psychosocial history; +Pertinent evaluations from other health care practitioner; +Pertinent charts, graphs or photographic information, as appropriate; +Rehabilitation regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Hydrogel Spacer for Prostate		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	55880	TRANSRECTAL ABLTJ MAL PRST8 TISSUE HIFU W/US	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical earm; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Pertinent psychosocial history; +Pertinent exaluations from other health care practitioner; +Pertinent chards, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information negarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2023	55970	NTERSEX SURG MALE FEMALE	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical examples of the presenting problem +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent diagnostic testing results, operative and/or pathological reports; +Pretinent psychosocial history; +Information and progress notes; +Pertinent evaluations from other health care practitioner; +Pertinent tradits, graphs or photographic information, as appropriate; +Rehabilitation evaluations; Hoformation regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	No prior auth required for service when associated with a cancer diagnosis.	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2023	55980	INTERSEX SURG FEMALE MALE	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent psychosocial history; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent tharts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; Hinformation regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	No prior auth required for service when associated with a cancer diagnosis.	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2023	56625	VULVECTOMY SIMPLE COMPLETE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; -Pretinent generative and progress notes; =Pertinent psychosocial history; =Information and consultations with the treating practitioner; =Pertinent charts, graphs or photographic information, as appropriate; =Rehabilitation regarding the local delivery system; and =Patient characteristics and information.	Third Party Proprietary Criteria	No prior auth required for service when associated with a cancer diagnosis.	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2023	56800	PLASTIC REPAIR INTROITUS	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; -History of the presenting problem -Clinical earn; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pretiment gasnost cesting results, operative and/or pathological reports; -Pretiment psychosocial history; -Information and consultations with the treating practitioner; -Pertinent revaluations from other health care practitioners and providers; -Pertinent revaluations (r); -Rehabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Third Party Proprietary Criteria	No prior auth required for service when associated with a cancer diagnosis.	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2023	56805	CLITOROPLASTY INTERSEX STATE	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations from other health care practitioners; +Pertinent chards; graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual and/ or Third Party Proprietary Criteria	No prior auth required for service when associated with a cancer diagnosis.	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2023	57106	VAGINECTOMY PARTIAL REMOVAL VAGINAL WALL	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pretinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent testing or photographic information, as appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Third Party Proprietary Criteria	No prior auth required for service when associated with a cancer diagnosis.	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2023	57110	VAGINECTOMY COMPLETE REMOVAL VAGINAL WALL	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent plan and progress notes; -Pertinent paychosocial history; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent tarks, graphs or photographic information, as appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Third Party Proprietary Criteria	No prior auth required for service when associated with a cancer diagnosis.	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	57288	SLING OPERATION STRESS INCONTINENCE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	57289	PEREYRA PX W ANTERIOR COLPORRHAPHY	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Pertinent charts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2023	57291	CONSTRUCTION ARTIFICIAL VAGINA	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Pertinent charts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	No prior auth required for service when associated with a cancer diagnosis.	2/21/2024
Dutpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2023	57292	CONSTRUCTION ARTIFICIAL VAGINA	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Pertinent realuations from other health care practitioners appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	No prior auth required for service when associated with a cancer diagnosis.	2/21/202
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2023	57296	REVJ W/RMVL PROSTHETIC VAGINAL GRAFT ABDML APPR	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pretinent generation and progress notes; =Pertinent psychosocial history; =Information and consultations with the treating practitioner; =Pertinent revaluations from other health care practitioners and providers; =Pertinent evaluations from other health care practitioners and providers; =Pertinent revaluations from other health care practitioners appropriate; =Rehabilitation evaluations; =Information regarding the local delivery system; and =Patient characteristics and information.	Third Party Proprietary Criteria	No prior auth required for service when associated with a cancer diagnosis.	2/21/202

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2023	57335	VAGINOPLASTY INTERSEX STATE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual and/ or Third Party Proprietary Criteria	No prior auth required for service when associated with a cancer diagnosis.	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2023	57426	REVISION PROSTHETIC VAGINAL GRAFT LAPAROSCOPIC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent geneses notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	No prior auth required for service when associated with a cancer diagnosis.	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58150	TOTAL ABDOMINAL HYSTERECT W WO RMVL TUBE OVARY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent nergings or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58152	TOT ABD HYST W WO RMVL TUBE OVARY W COLPURETHRXY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretrinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent testing support of the practitioner and providers; •Pertinent testing or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58180	SUPRACERVICAL ABDL HYSTER W WO RMVL TUBE OVARY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent testing sorthorgraphic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58200	TOT ABD HYST W PARAORTIC AND PELVIC LYMPH NODE SAM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58210	RAD ABDL HYSTERECTOMY W BI PELVIC LMPHADENECTOMY	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical examples of the presenting problem • Pertinent diagnostic testing results, operative and/or pathological reports; • Pretinent diagnostic lesting results, operative and/or pathological reports; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations from other health care practitioners and providers; • Pertinent resultion evaluations; • Information regarding the local delivery system; and • Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58240	PEL EXNTJ GYNECOLOGIC MAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent tevaluations mother health care practitioners and providers; •Pertinent tevaluations from other health care practitioners and providers; •Pertinent revaluations from other health care practitioners and providers; •Pertinent nevaluations (s) •Pertinent carding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58260	VAGINAL HYSTERECTOMY UTERUS 250 GM OR LESS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent testing results or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58262	VAG HYST 250 GM OR LESS W RMV TUBE AND OVARY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent gian and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent tevaluations from other health care practitioners; •Pertinent revaluations regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58263	VAG HYST 250 GM OR LESS W RMV TUBE OVARY W RPR NTRCL	L Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent paychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/202
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58267	VAG HYST 250 GM OR LESS W COLPO-URTCSTOPEXY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners; •Pertinent net setups or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58270	VAGINAL HYSTERECTOMY 250 GM OR LESS W RPR ENTEROCELE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial histor; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent tevaluations from other health care practitioners and providers; •Pertinent revaluations from other health care practitioners and providers; •Pertinent revaluations for other health care practitioners and providers; •Pertinent nervalues of; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58285	VAGINAL HYSTERECTOMY RADICAL SCHAUTA OPERATION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent torist, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58290	VAGINAL HYSTERECTOMY UTERUS OVER 250 GM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial histor; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent net states are provident appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58291	VAG HYST OVER 250 GM RMVL TUBE AND OVARY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pain and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58292	VAG HYST OVER 250 GM RMVL TUBE AND OVARY W RPR ENTRCLE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent pan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and propriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58294	VAGINAL HYSTERECTOMY OVER 25 GM RPR ENTEROCELE	 Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent testing results operation, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information. 	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58321	ARTIFICIAL INSEMINATION INTRA- CERVICAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent nersels or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58322	ARTIFICIAL INSEMINATION INTRA- UTERINE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent net evaluations from other health care practitioners and providers; •Pertinent net evaluations for hotographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58323	SPERM WASHING ARTIFICIAL INSEMINATION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from ther health care practitioners and providers; •Pertinent evaluations from the hose host of the program of the prog	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58345	TRANSCERV FALLOPIAN TUBE CATH W WO HYSTOSALPING	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem - Clinical seam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent evaluations from other health care practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations from other health care practitioners and providers; • Pertinent net evaluations regarding the local delivery system; and • Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58350	CHROMOTUBATION OVIDUCT W MATERIALS	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Prestment plan and progress notes; -Pertinent evaluations in other health care practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent evaluations from other health care practitioners and providers; -Pertinent evaluations from other health care practitioners and providers; -Pertinent net evaluations from other health care practitioner, and providers; -Pertinent net evaluations from other health care practitioners and providers; -Pertinent chards, graphs or photographic information, as appropriate; -Rehabilitation regarding the local delivery system; and -Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58356	ENDOMETRIAL CRYOABLATION W US AND ENDOMETRIAL CR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretrinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioner and providers; •Pertinent evaluations from other health care practitioner and providers; •Pertinent torats, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58540	HYSTEROPLASTY RPR UTERINE ANOMALY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretrinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent there are practitioner and properties; •Pertinent evaluations from other health care practitioners and providers; •Pertinent networks; graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58541	LAPAROSCOPY SUPRACERVICAL HYSTERECTOMY 250 GM OR LESS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Inicial exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58542	LAPS SUPRACRV HYSTERECT 250 G OR LESS RMVL TUBE OVAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Ireatment plan and progress notes; •Pertinent plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58543	LAPS SUPRACERVICAL HYSTERECTOMY OVER 250	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent overlautions; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58544	LAPS SUPRACRV HYSTEREC OVER 250 G RMVL TUBE OVARY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •Listory of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58545	LAPS MYOMECTOMY EXC 1-4 MYOMAS 250 GM OR LESS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •Listory of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent overlautions; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58546	LAPS MYOMECTOMY EXC 5 OR GRT MYOMAS OVER 250 GRAMS	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pertinent psychosocial history; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent charts, graphs or photographic information, as appropriate; • Rehabilitation regarding the local delivery system; and • Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58550	LAPS VAGINAL HYSTERECTOMY UTERUS 250 GM OR LESS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent tevaluations from other health care practitioners and providers; •Pertinent regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58552	LAPS W VAG HYSTERECT 250 GM AND RMVL TUBE AND OVARIES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent thats, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58553	LAPS W VAGINAL HYSTERECTOMY OVER 250 GRAMS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial histor; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent thats, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58554	LAPS VAGINAL HYSTERECT OVER 250 GM RMVL TUBE AND OVAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other lealth care practitioners; •Pertinent evaluations from other space in the support of the sup	Third Party Proprietary Criteria	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58570	LAPAROSCOPY W TOTAL HYSTERECTOMY UTERUS 250 GM OF LESS	Information generally required to support authorization decision making includes, but not limited to: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem - Clinical exam; - Pertinent diagnostic testing results, operative and/or pathological reports; + Pretinent gaponts notes; - Pertinent psychosocial history; - Information and consultations with the treating practitioner; + Pertinent evaluations from other health care practitioners and providers; + Pertinent traditions from other health care practitioners and providers; + Pertinent chards, graphs or photographic information, as appropriate; - Rehabilitation evaluations; - Information regarding the local delivery system; and + Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58571	LAPS TOTAL HYSTERECT 250 GM OR LESS W RMVL TUBE OVARY	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent gasnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and progress notes; +Pertinent evaluations from other health care practitioner; +Pertinent tasts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58572	LAPAROSCOPY TOTAL HYSTERECTOMY UTERUS OVER 250 GM	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and progress notes; +Pertinent evaluations from other health care practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Pertinent chards, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58573	LAPAROSCOPY TOT HYSTERECTOMY OVER 250 G W TUBE OVAR	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent pain and progress notes; +Pertinent paychosocial history; +Pertinent paychosocial history; +Pertinent evaluations from other health care practitioner; +Pertinent charactoristic model in formation, as appropriate; +Rehabilitation evaluations; information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58660	LAPAROSCOPY W LYSIS OF ADHESIONS	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent pain and progress notes; +Pertinent paychosocial history; +Pertinent paychosocial history; +Pertinent evaluations from other health care practitioner; +Pertinent thats, graph or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58662	LAPS FULG EXC OVARY VISCERA PERITONEAL SURFACE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners; +Pertinent evaluations from other health care practitioners; +Pertinent orealizations evaluations; information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58672	LAPAROSCOPY FIMBRIOPLASTY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations rom other health care practitioners; •Pertinent oraris, graphs or photographic information, as appropriate; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58673	LAPAROSCOPY SALPINGOSTOMY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent negative revaluations (pathological reports; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58720	SALPINGO-OOPHORECTOMY COM PRTL UNI BI SPX	pl Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations rom other health care practitioner; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58740	LYSIS OF ADHESIONS SALPINX OVARY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •Listory of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent paychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations rom other health care practitioners; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58750	TUBOTUBAL ANASTATOMOSIS	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pertinent plan and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations; • Pertinent evaluations; • Rehabilitation regarding the local delivery system; and • Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58752	TUBOUTERINE IMPLANTATION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations rom other health care practitioners and providers; •Pertinent evaluations rom other health care practitioners and providers; •Pertinent revaluation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58760	FIMBRIOPLASTY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluation regards or hotographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58770	SALPINGOSTOMY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical esam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent paychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58940	OOPHORECTOMY PARTIAL TOTAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical esam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluation soft one other health care practitioner and providers; •Pertinent revaluation soft one other health care practitioner and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58970	FOLLICLE PUNCTURE OOCYTE RETRIEVAL ANY METHOD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical earm; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; #Information and consultations with the treating practitioner; *Pertinent evaluations from other health care practitioners and providers; *Pertinent caluations from other health care practitioners and providers; *Pertinent caluations from other health care practitioners and providers; *Pertinent charts, graphs or photographic information, as appropriate; *Information regarding the local delivery system; and *Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58974	EMBRYO TRANSFER INTRAUTERINI	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations rom other health care practitioners and providers; •Pertinent revaluation subtors; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58976	GAMETE ZYGOTE EMBRYO FALLOPIAN TRANSFER ANY METH	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent paychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations rom other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	61863	STRTCTC IMPLTJ NSTIM ELTRD W C RECORD 1ST ARRAY	information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •Linical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent procession and consultations with the treating practitioner; •Pertinent evaluations with the treating practitioner; •Pertinent overlaphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	61867	STRTCTC IMPLTJ NSTIM ELTRD W RECORD 1ST ARRAY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations rom other health care practitioners and providers; •Pertinent revaluations rom other health care practitioners and providers; •Pertinent revaluation regarding the local delivery system; and *Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	61885	INSI RPLCMT CRANIAL NEUROSTIM PULSE GENERATOR	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychosocial history; • Information and consultations with the reating practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations from ther health care practitioners and providers; • Rehabilitation regarding the local delivery system; and • Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	61886	INSI RPLCMT CRANIAL NEUROSTIM GENER 2 OR GRT ELTRDS	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent evaluations from other health care practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations from other health care practitioners and propriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	62324	NJX DX THER SBST INTRLMNR CRV THRC W O IMG GDN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent negative revealues; •Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	62325	NIX DX THER SBST INTRLMNR CRV THRC W IMG GDN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent paychosocial history; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent nergarks or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	62326	NJX DX THER SBST INTRLMNR LMBR SAC W O IMG GDN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioner, •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	62327	NJX DX THER SBST INTRLMNR LMBR	 Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Pretinent provide the story of the practitioner; Pertinent patients on the relation practitioner; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation regarding the local delivery system; and Patient characteristics and information. 	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	62380	NDSC DCMPRN SPINAL CORD 1 W LAMOT NTRSPC LUMBAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent nevaluations from other health care practitioners and providers; •Pertinent nevaluations (s) •Pertinent nevaluations (s) •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	63001	LAM W O FACETEC FORAMOT DSKC 1 2 VRT SEG CRV	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent nevaluations; •Pertinent nevaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	63003	LAMINECTOMY W O FFD 1 2 VERT SEG THORACIC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent newlastions; •Pertinent newlastions; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	63005	LAMINECTOMY W O FFD 1 2 VERT SEG LUMBAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent newlations; •Pertinent evaluations is: •Pertinent chars, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	63011	LAMINECTOMY W O FFD 1 2 VERT SEG SACRAL	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem - Clinical exam; - Pertinent diagnostic testing results, operative and/or pathological reports; - Treatment plan and progress notes; - Pertinent psychosocial history; - Information and consultations with the treating practitioner; - Pertinent evaluations from other health care practitioner and providers; - Pertinent evaluations from other health care practitioner and providers; - Pertinent evaluations from other health care practitioner and providers; - Pertinent evaluations; - Rehabilitation evaluations; - Information regarding the local delivery system; and - Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	63012	LAMINECTOMY W RMVL ABNORMAL FACETS LUMBAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •Nistory of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent tevaluations from other health care practitioners and providers; •Pertinent revaluations from other health care practitioners and providers; •Pertinent nevaluations (s) Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	63015	LAMINECTOMY W O FFD OVER 2 VERT SEG CERVICAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	63016	LAMINECTOMY W O FFD OVER 2 VERT SEG THORACIC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent totarts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	63017	LAMINECTOMY W O FFD OVER 2 VERT SEG LUMBAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent totarts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	63020	LAMNOTMY INCL W DCMPRSN NRV ROOT 1 INTRSPC CERVC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent gan and progress notes; •Pertinent psychosocial history; •Pertinent psychosocial history; •Pertinent chaitations with the treating practitioner; •Pertinent chaits, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	63030	LAMNOTMY INCL W DCMPRSN NRV ROOT 1 INTRSPC LUMBR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent gap: to so notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent tevaluations from other health care practitioners; •Pertinent evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	63040	LAMOT PRTL FED EXC DISC REEXPL 1 NTRSPC CERVICAL	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Pertinent psychosocial history; +Pertinent evaluations from other health care practitioner; +Pertinent tharts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	63042	LAMOT PRTL FFD EXC DISC REEXPL 1 NTRSPC LUMBAR	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent plan and progress notes; -Pertinent part and progress notes; -Pertinent payschossical history; -Information and consultations; -Pertinent evaluations from other health care practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent charts, graphs or photographic information, as appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	63045	LAM FACETECTOMY AND FORAMOTOMY 1 SEGMENT CERVICAL	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pretinent psychosocial history; -Information and progress notes; -Pertinent evaluations from other health care practitioner; -Pertinent revaluations from other health care practitioners; -Pertinent tradits, graphs or photographic information, as appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	63046	LAM FACETECTOMY AND FORAMOTOMY 1 SEGMENT THORACIC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •Ilinical asam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from the health care practitioners and providers; •Pertinent evaluations; •Pertinent evaluations; •Pertinent evaluations; •Pertinent evaluations; •P	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	63047	LAM FACETECTOMY AND FORAMOTOMY 1 SEGMENT LUMBAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent paychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent overlation or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	63048	LAM FACETECTOMY and FORAMTOMY 1 SGM EA CRV THRC/LMBR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluation serom othotographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	63050	LAMOP CERVICAL W DCMPRN SPI CORD 2 OR GRT VERT SEG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent glangostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners; •Pertinent orealistion evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	63051	LAMOPLASTY CERVICAL DCMPRN CORD 2 OR GRT SEG RCNSTJ	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	63052	LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical earn; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent exhalizations from other health care practitioners and providers; +Pertinent exhalizations from other health care practitioners and providers; +Pertinent exhalizations from other health care practitioners and propriate; +Rehabilitation regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	63053	LAM FACETEC/FORAMOT DRG ARTHRD LMBR EA ADDL SGM	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical earns +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent diagnostic testing results, operative and/or pathological reports; +Pretinent psychosocial history; +Information and progress notes; +Pertinent evaluations from other health care practitioner; +Pertinent tradits, graphs or photographic information, as appropriate; +Rehabilitation evaluations; Hinformation regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	63055	TRANSPEDICULAR DCMPRN SPINAL CORD 1 SEG THORACIC	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent plan and progress notes; +Pertinent plan and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent characts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	63056	TRANSPEDICULAR DCMPRN SPINAL CORD 1 SEG LUMBAR	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent plan and progress notes; +Pertinent paychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent characts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	63057	TRANSPEDICULAR DCMPRN 1 SEG EA THORACIC/LUMBAR	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent plan and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent thats, graphs or photographic information, as appropriate; +Rehabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information	Third Party Proprietary Criteria	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	63064	COSTOVERTEBRAL DCMPRN SPINAL CORD THORACIC 1 SEG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chars, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	63075	DISCECTOMY ANT DCMPRN CORD CERVICAL 1 NTRSPC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent general history; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	63076	DISCECTOMY ANT DCMPRN CORD CERVICAL EA NTRSPC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent results or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	63077	DISCECTOMY ANT DCMPRN CORD THORACIC 1 NTRSPC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Olinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent testing results or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	63081	VERTEBRAL CORPECTOMY ANT DCMPRN CERVICAL 1 SEG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent revaluations from other health care practitioners and providers; •Pertinent revaluations (given evaluations); •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	63087	VCRPEC THORACOLMBR DCMPRN LWR THRC LMBR 1 SEG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent testings or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	63090	VCRPEC TRANSPRTL RPR DCMPRN THRC LMBR SAC 1 SEG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent gian and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent revaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	4/1/2021	63300	VCRPEC LES 1 SGM XDRL CERVICAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent results or pottographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	4/1/2021	63304	VERTEBRAL CORPECTOMY EXC LES SEG IDRL CERVICAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent that's, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	4/1/2021	63308	VERTEBRAL CORPECTOMY EXC INDRL LES EACH SEG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent that's, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	64553	PRQ IMPLTJ NEUROSTIMULATOR ELTRD CRANIAL NERVE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chards; graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	64568	INC IMPLTJ CRNL NRV NSTIM ELTRDS AND PULSE GENER	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent negarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	64569	REVISION REPLMT NEUROSTIMLATOR ELTRD CRANIAL NRV	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; •Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	64570	REMOVAL CRNL NRV NSTIM ELTRD AND PULSE GENERATO	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •Iistory of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent negarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	64582	OPEN IMPLTJ HPGLSL NRV NSTIM R PG and RESPIR SENSOR	A Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners; •Pertinent newlastions; •Pertinent newlastions; •Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/202

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	64584	REMOVAL HYPOGLOSSAL NERVE NSTIM RA PG and RESPIR SNR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	64590	INSERTION RPLCMT PERIPHERAL GASTRIC NPGR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical easis: +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Pertinent nersults or other health care practitioners; +Pertinent nersults or size information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	64628	THERMAL DSTRJ INTRAOSSEOUS BVN 1ST 2 LMBR/SAC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent testing services on the practitioner appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	64912	NERVE REPAIR W NERVE ALLOGRAF	T Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Inficial exam; Pertinent diagnostic testing results, operative and/or pathological reports; Pertinent pain and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent totarts, graphs or photographic information, as appropriate; Pertinent characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	65771	RADIAL KERATOTOMY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent testing sortion testing brotographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	65775	CRNL WEDGE RESCJ CORRJ INDUCE ASTIGMATISM	D Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pain and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	67900	REPAIR BROW PTOSIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent nergarisg the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	67901	RPR BLEPHAROPTOSIS FRONTALIS MUSC SUTR OTH MATRL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent nersely or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	67902	RPR BLEPHAROPT FRONTALIS MUSC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretrinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent torsts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	67903	RPR BLEPHAROPTOSIS LEVATOR RESCJ ADVMNT INTERNAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretrinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent torsts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	67909	REDUCTION OVERCORRECTION PTOSIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Pertinent psychosocial history; Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from the local delivery system; and +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	67950	CANTHOPLASTY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent net evaluations from other health care practitioners and providers; •Pertinent net evaluations from other health care practitioners and providers; •Pertinent net evaluations from other health care practitioners and providers; •Pertinent net evaluations from other health care practitioners and providers; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	69714	IMPLTJ OSSEOINTEGRATED TEMPORAL BONE W MASTOID	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Pertinent nertine revealuations; Honformation, regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	69716	IMPL OI IMPLT SKULL MAG TC ATTACHMENT ESP LT 100	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Pertinent nertine revealuations; Honformation, regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2023	69729	IMPL OI IMPLT SKULL MAG TC ATTACHMENT ESP GT or equal to 1	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent nerds, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2023	69730	RPLCMT OI IMPLT SKULL MAG TC ATTACHMENT ESP GT or equal to	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; =Pertinent diagnostic testing results, operative and/or pathological reports; =Treatment plan and progress notes; =Pertinent psychosocial history; =Information and consultations with the treating practitioner; =Pertinent evaluations from cher health care practitioners and providers; =Pertinent evaluations from cher hospits or appropriate; =Rehabilitation regarding the local delivery system; and =Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	69930	COCHLEAR DEVICE IMPLANTATION W WO MASTOIDECTOMY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent paychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioner and providers; •Pertinent nervalues; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	93025	MICROVOLT T-WAVE ASSESS VENTRICULAR ARRHYTHMIAS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretrinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent nearls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	4/1/2023	93228	XTRNL MOBILE CV TELEMETRY W/I and REPORT 30 DAYS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent tarks, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Mobile Cardiac Outpatient Telemetry: Allowed 1 unit per rolling 30 days Policy No. 428	s 2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	93229	XTRNL MOBILE CV TELEMETRY W TECHNICAL SUPPORT	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Mobile Cardiac Outpatient Telemetry: Allowed 1 unit per rolling 30 days Policy No. 428	s 2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	93580	PRQ TCAT CLSR CGEN INTRATRL COMUNICAJ W/IMPLT	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pertinent pan and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent valuations from other health care practitioners and providers; • Pertinent valuations from other health care practitioners and providers; • Pertinent valuations from other health care practitioners and providers; • Rehabilitation regarding the local delivery system; and • Patient characteristics and information	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	93581	PRQ TCAT CLSR CGEN VENTR SEPT, DFCT W/IMPLT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •Inicide arm; •Inicide arm; •Pertinent diagnostic testing results, operative and/or pathological reports; •Ireatment plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations regarding the local delivery system; and •Pertinent characteristics and information •Pertinet evaluations from other health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	93582	PERCUTAN TRANSCATH CLOSURE PAT DUCT ARTERIOSUS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •Listory of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent overlautions; •Pertinent cords: graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	96567	PDT DSTR PRMLG LES SKN ILLUM ACTIVJ PER DAY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •Listory of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioner and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	96570	PDT NDSC ABL ABNOR TISS VIA ACTIVJ RX 30 MIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •Listory of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent overlautions; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	96571	PDT NDSC ABL ABNOR TISS VIA ACTIVJ RX A 15 MIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from the health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	96573	PDT DSTR PRMLG LES SKN ILLUM ACTIVJ BY PHYS QHP	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Horrigon and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent overluations evaluations; •Information avaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	96574	DEBRIDEMENT PRMLG HYPERKERATOTIC LES W PDT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent tevaluations from other health care practitioners and providers; •Pertinent tevaluations from other health care practitioners; •Pertinent tevaluation shortographic information, as appropriate; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	96900	ACTINOTHERAPY ULTRAVIOLET LIGHT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent glan and progress notes; •Pertinent plan and progress notes; •Pertinent plan and consultations with the treating practitioner; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent brants, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	96902	MCRSCP XM HAIR PLUCK CLIP FOR CNTS STRUCT ABNORM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent glan and progress notes; •Pertinent plan and progress notes; •Pertinent plan and consultations with the treating practitioner; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent brants, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	96910	PHOTOCHEMOTX TAR AND UVB PETROLATUM UVB	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from the local delivery system; and +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/202
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	96912	PHOTOCHEMOTX PSORALENS AND ULTRAVIOLET PUVA	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial histor; +Pertinent psychosocial histor; +Pertinent evaluations from other health care practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent charls, graphs or photographic information, as appropriate; +Rehabilitation evaluations; information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	96913	PHOTOCHEMOTHERAPY DERMATOSES 4-8 HRS SUPERVISION	Information generally required to support authorization making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent posthosocial history; endingation and consultations with the treating practitioner; •Pertinent chards, graphs or photographic information, as appropriate; •Rentabilitation evaluations; •Information evaluations; •Information evaluations; •Information evaluations;	Texas Medicaid Provider Procedures Manual	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	96920	LASER SKIN DISEASE PSORIASIS TOT AREA UNDER 250 SQ CM	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operate and/or pathological reports; +Pretinent diagnostic testing results, operate and/or pathological reports; +Pertinent psychosocial history; +Pertinent psychosocial history; +Pertinent evaluations from other health care practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent charls, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/202
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	96921	LASER SKIN DISEASE PSORIASIS 250- 500 SQ CM	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent treatures pails or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/202

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	96922	LASER SKIN DISEASE PSORIASIS OVER 500 SQ.CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Inicial earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; Information and consultations with the treating practitioner; +Pertinent valuations from other health care practitioners and providers; •Pertinent valuations from other health care practitioners and providers; •Pertinent valuations; •Pertinent valuations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	96932	RCM CELULR AND SUBCELULR SKI	information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem -Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent evaluations from other health care practitioner; Pertinent evaluations from other health care practitioner; *Pertinent evaluations rom other health care practitioner; *Pertinent evaluation regarding the local delivery system; and *Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	96933	RCM CELULR AND SUBCELULR SKI	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations rom other health care practitioner, a sppropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	C2616	BRACHYTHERAPY NONSTRANDED YTTRIUM-90 PER SOURCE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	C9747	ABLATION PROSTATE TRANSRECTA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent paychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioner and providers; •Pertinent evaluations rom other health care practitioner; •Pertinent evaluation sequences; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	4/1/2020	C9757	LAMINOTOMY DECOMP NERVE ROOT; 1 INTERSPACE LUMB	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent valuations from other health care practitioners and providers; •Pertinent tavaluations from other health care practitioners and providers; •Pertinent cardats, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and *Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	C9761	CS URS and /PYELOSCPY LITH and VAC ASPIR K COLL SYS and URETHRA IF APPLICABLE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Elinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent taylages or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	4/1/2021	C9765	REV EVAR ANY VES;IV LITHOTRIPSY and TL STENT PLCMT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	4/1/2021	C9766	REV EVAR ANY VES);IV LITHOTRIPSY AND ATHERECTOMY	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem =Clinical exam; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pretinent gaponal or progress notes; =Pertinent psychosocial history; =Information and consultations with the treating practitioner; =Pertinent evaluations from other health care practitioners and providers; =Pertinent tavaliations other health care practitioners, =Pertinent callastics; =Pertinent callastics; =Pertinent callastics; =Information regarding the local delivery system; and =Patient characteristics and information	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	4/1/2021	C9767	REV EVAR ANY VES;IV LITHO and TL STNT PLCMT and ATHERECT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent thats, graphs or photographic information, as appropriate; •Pertinent characteristics and information *Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	C9769	CYSTOURETHROSCOPY INS TEMP PROS IMPL/STENT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Information evaluations; from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	4/1/2021	C9772	RVSC EVAR OPN/PERC TIB/PER ART	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent dapa not progress notes; Pertinent pala nad progress notes; Pertinent evaluations from other health care practitioner; Pertinent enaryshs or photographic information, as appropriate; Pertinent exclusion from other health care practitioner; Pertinent exclusion from evaluations; Pertinent exclusion site information, as appropriate; Pertinent exclusion from evaluations; Patient characteristics and information	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	4/1/2021	C9773	RVSC EVAR OPEN/PC TIBIAL/PA;IVASC LITH and TL SP	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical seam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Ireatment plan and progress notes; •Pertinent psychosocial history; #Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from ther health care practitioners and providers; •Pertinent evaluations from the health care practitioner, •Rehabilitation regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	4/1/2021	C9774	RVSC EVAR OPN/PERQ TIB/PER ART;IVASC LITH and ATHREC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical seam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Ireatment plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations; •Information evaluations; •Information regarding the local delivery system; and +Patient characteristics and information	Third Party Proprietary Criteria	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	4/1/2021	C9775	RVSC EVAR OPN/P TIB/PA;IVASC LITH and TL STNT PL and ATH	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical seam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Ireatment plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluation regarbs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	\$2095	TRNSCATH OCCLEMBOLIZ TUMR DESTRUC PERQ METH USI	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent thats, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information negarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Radioembolization for Primary and Metastatic Tumors of the Liver	2/21/2024
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	S2118	METL-ON-METL TOT HIP RESRFC ACETAB AND FEM CMPNT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent nervalues; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Pain Management Procedures	Prior to 9/1/2019	27279	ARTHRODESIS SACROILIAC JOINT PERCUTANEOUS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pain and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Minimally Invasive Sacroiliac Joint Fusion	2/21/2024
Pain Management Procedures	Prior to 9/1/2019	62263	PRQ LYSIS EPIDURAL ADHESIONS MULT SESS 2 OR GRT DAYS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem <clinical easi;<br="">+Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Pertinent evaluations from other health care practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Pertinent nerving for a protographic information, as appropriate; +Rehabilitation evaluations; information regarding the local delivery system; and +Patient characteristics and information.</clinical>	Molina Clinical Policy: Percutaneous Epidural Adhesiolysis for Chronic Low Back Pain Racz Procedure	2/21/2024
Pain Management Procedures	Prior to 9/1/2019	62264	PRQ LYSIS EPIDURAL ADHESIONS MULT SESSIONS 1 DAY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent charls, graphs or photographic information, as appropriate; +Rebabilization evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Percutaneous Epidural Adhesiolysis for Chronic Low Back Pain Racz Procedure	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Pain Management Procedures	Prior to 9/1/2019	62320	NJX DX THER SBST INTRLMNR CRV THRC W O IMG GDN	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical earn; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Pertinent psychosocial history; +Pertinent evaluations from other health care practitioner; +Pertinent charts, graphs or photographic information, as appropriate; +Rehabilitation regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Epidural Steroid Injections for Back and Neck Pain	2/21/2024
Pain Management Procedures	Prior to 9/1/2019	62321	NJX DX THER SBST INTRLMNR CRV THRC W IMG GDN	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Cinical earn; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent charts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Epidural Steroid Injections for Back and Neck Pain	2/21/2024
Pain Management Procedures	Prior to 9/1/2019	62322	NJX DX THER SBST INTRLMNR LMBR SAC W O IMG GDN	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +Listory of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent revaluations from other health care practitioners and providers; +Pertinent evaluations mother health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations (s) =Rehabilitation regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Epidural Steroid Injections for Back and Neck Pain	2/21/2024
Pain Management Procedures	Prior to 9/1/2019	62323	NIX DX THER SBST INTRLMNR LMBR	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical earny +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretiment diagnostic testing results, operative and/or pathological reports; +Pretiment psychosocial history; +Information and progress notes; +Pertinent evaluations from other health care practitioner; +Pertinent revaluations from other health care practitioners and providers; +Pertinent testings or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Epidural Steroid Injections for Back and Neck Pain	2/21/2024
Pain Management Procedures	Prior to 9/1/2019	62351	IMPLTJ REVJ RPSG ITHCL EDRL CATH	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent genostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations (given evaluations; +Pertinent chards; graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Note	es	Date of Annual Review
Pain Management Procedures	Prior to 9/1/2019	62360	IMPLTJ RPLCMT ITHCL EDRL DRUG NFS SUBQ RSVR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations; •Pertinent evaluations; •Information regarding the local delivery system; and *Patient characteristics and Information.	Third Party Proprietary Criteria		2/21/2024
Pain Management Procedures	Prior to 9/1/2019	62361	IMPLTJ RPLCMT FS NON-PRGRBL PUMP	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioner; •Pertinent tayling or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Pain Management Procedures	Prior to 9/1/2019	62362	IMPLTJ RPLCMT ITHCL EDRL DRUG NFS PRGRBL PUMP	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent traducts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Pain Management Procedures	Prior to 9/1/2019	63650	PRQ IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; enformation and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent characts; graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/21/2024
Pain Management Procedures	Prior to 9/1/2019	63655	LAM IMPLTJ NSTIM ELTRDS PLATE PADDLE EDRL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent syschosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioner; •Pertinent charts, graphs or photographic information, as appropriate; *Rehabilitation evaluations; •Information regarding the local delivery system; and *Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized		Date of Annual Review
Pain Management Procedures	Prior to 9/1/2019	63663	REVJ INCL RPLCMT NSTIM ELTRD PRQ RA INCL FLUOR	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent chards, graphs or photographic information, as appropriate; +Rehabilitation regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Pain Management Procedures	Prior to 9/1/2019	63664	REVJ INCL RPLCMT NSTIM ELTRD PLT PDLE INCL FLUOR	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Cinical eases +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent gasnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and progress notes; +Pertinent evaluations from other health care practitioner; +Pertinent tradits, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information negarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Pain Management Procedures	Prior to 9/1/2019	63685	INSJ RPLCMT SPI NPGR DIR INDUXIVE COUPLING	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent plan and progress notes; +Pertinent plan and consultations with the treating practitioner; +Information and consultations with the treating practitioner; +Pertinent characts, graphs or photographic information, as appropriate; +Pertinent characteristics and information.	Texas Medicaid Provider Procedures Manual		2/21/2024
Pain Management Procedures	Prior to 9/1/2019	63688	REVJ RMVL IMPLANTED SPINAL NEUROSTIM GENERATOR	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners; +Pertinent charts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Pain Management Procedures	10/1/2019	64450	INJECTION ANES OTHER PERIPHERAL	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent digarostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent digarostic testing structures and providers; +Pertinent explanations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent explanations providers and providers; +Pertinent explanations provider health care practitioners and providers; +Pertinent explanations; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Cluneal Nerve Block For Treatment of Low Back Pain	No PA required in office or ASC setting, PA required if done in hospital setting outside of another procedure. No PA required if combined with another surgical procedure.	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Pain Management Procedures	4/1/2020	64451	INJECTION AA and /STRD NERVES NRVTG SI JOINT W/IMG	Information generally required to support authorization decision making includes, but not limited to: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem - Clinical earn; - Pertinent diagnostic testing results, operative and/or pathological reports; - Pertinent diagnostic testing results, operative and/or pathological reports; - Pertinent psychosocial history; - Pertinent psychosocial history; - Pertinent chalations from other health care practitioner; - Pertinent chalations from other health care practitioner; - Pertinent chalations for onbetographic information, as appropriate; - Rehabilitation evaluations; - Information regarding the local delivery system; and + Patient characteristics and information.	Molina Clinical Policy: Sacroiliac Injections and Radiofrequency Ablation (RFA) for Sacroiliac Joint		2/21/2024
Pain Management Procedures	4/1/2020	64454	INJECTION AA and /STRD GENICULAR NRV BRANCHES W/IMG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioner; •Pertinent charls, graphs or photographic information, as appropriate; •Information regarding the local delivery system; and •Patient characteristics and Information.	Molina Clinical Policy: Genicular Radiofrequency Ablation and Genicular Nerve Blocks for Chronic Knee Pain		2/21/2024
Pain Management Procedures	Prior to 9/1/2019	64479	NJX ANES AND STRD W IMG TFRML EDRL CRV THRC 1 LVL	Information generally required to support authorization decision making includes, but not limited to: <urrent (up="" 6="" adequate="" and="" as:="" history="" hospital="" months),="" office="" patient="" records;<br="" related="" requested="" services="" such="" the="" to=""> Visitory of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Prestment pan and progress notes; Pertinent evaluations from other health care practitioner; Pertinent evaluations from other health care practitioners; Pertinent characts, graphs or photographic information, as appropriate; Penhabilitation evaluation; Information negarding the local delivery system; and Patient characteristics and information. </urrent>	Molina Clinical Policy: Epidural Steroid Injections for Back and Neck Pain		2/21/2024
Pain Management Procedures	Prior to 9/1/2019	64480	NJX ANES AND STRD W IMG TFRML EDRL CRV THRC EA LV	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Pertinent evaluations from other health care practitioner; •Pertinent carls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information negarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Epidural Steroid Injections for Back and Neck Pain		2/21/2024
Pain Management Procedures	Prior to 9/1/2019	64483	NJX ANES AND STRD W IMG TFRML EDRL LMBR SAC 1 LVL	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent palpan and progress notes; -Pertinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners; -Pertinent charts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Epidural Steroid Injections for Back and Neck Pain		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Pain Management Procedures	Prior to 9/1/2019	64484	NJX ANES AND STRD W IMG TFRML EDRL LMBR SAC EA LV	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Epidural Steroid Injections for Back and Neck Pain	2/21/2024
Pain Management Procedures	Prior to 9/1/2019	64490	NJX DX THER AGT PVRT FACET JT CRV THRC 1 LEVEL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and *Patient characteristics and information.	Molina Clinical Policy: Facet Joint / MBB Diagnostic Injections for Chronic Spinal Pain	2/21/2024
Pain Management Procedures	Prior to 9/1/2019	64491	NJX DX THER AGT PVRT FACET JT CRV THRC 2ND LEVEL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent gan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent torals, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Facet Joint / MBB Diagnostic Injections for Chronic Spinal Pain	2/21/2024
Pain Management Procedures	Prior to 9/1/2019	64492	NJX DX THER AGT PVRT FACET JT CRV THRC 3 PLUS LEVEL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent generation and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Facet Joint / MBB Diagnostic Injections for Chronic Spinal Pain	2/21/2024
Pain Management Procedures	Prior to 9/1/2019	64493	NJX DX THER AGT PVRT FACET JT LMBR SAC 1 LEVEL	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; *Pertinent diagnostic testing results, operative and/or pathological reports; *Pretinent psychosocial history; *Information and consultations with the treating practitioner; *Pertinent evaluations from other health care practitioners and providers; *Pertinent charls, graphs or photographic information, as appropriate; *Rehabilitation evaluations; Information regarding the local delivery system; and *Patient characteristics and information.	Molina Clinical Policy: Facet Joint / MBB Diagnostic Injections for Chronic Spinal Pain	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Pain Management Procedures	Prior to 9/1/2019	64494	NJX DX THER AGT PVRT FACET JT LMBR SAC 2ND LEVEL	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem • Clinical earm; +Pertinent diagnostic testing results, operative and/or pathological reports; • Pertinent pan and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent charls, graphs or photographic information, as appropriate; • Rehabilitation regarding the local delivery system; and • Patient characteristics and information.	Molina Clinical Policy: Facet Joint / MBB Diagnostic Injections for Chronic Spinal Pain	2/21/2024
Pain Management Procedures	Prior to 9/1/2019	64495	NJX DX THER AGT PVRT FACET JT LMBR SAC 3 PLUS LEVEL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Facet Joint / MBB Diagnostic Injections for Chronic Spinal Pain	2/21/2024
Pain Management Procedures	4/1/2020	64624	DESTRUCTION NEUROLYTIC AGT GENICULAR NERVE W/IMG	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pertinent pan and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations; • Information regarding the local delivery system; and • Patient characteristics and information.	Molina Clinical Policy: Genicular Radiofrequency Ablation and Genicular Nerve Blocks for Chronic Knee Pain	2/21/2024
Pain Management Procedures	4/1/2020	64625	RADIOFREQUENCY ABLTJ NRV NRVTG SI JT W/IMG GDN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical earn; Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioner, appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Sacroiliac Injections and Radiofrequency Ablation (RFA) for Sacroiliac Joint	2/21/2024
Pain Management Procedures	Prior to 9/1/2019	64633	DSTR NROLYTC AGNT PARVERTEB FCT SNGL CRVCL THORA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •Ilistory of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations rom other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Radiofrequency Ablation (RFA) for chronic back pain associated with the facet joint.	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Pain Management Procedures	Prior to 9/1/2019	64634	DSTR NROLYTC AGNT PARVERTEB FCT ADDL CRVCL THORA	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent psychosocial history; -Pertinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent exaitations from other health care practitioners and providers; -Pertinent exaitations from other health care practitioners and providers; -Pertinent exaitations from the health care practitioners and providers; -Pertinent exaits, graphs or photographic information, as appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Molina Clinical Policy: Radiofrequency Ablation (RFA) for chronic back pain associated with the facet joint.	2/21/2024
Pain Management Procedures	Prior to 9/1/2019	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR SACRAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent ganand progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations; •Pertinent evaluations; •Pertinent evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Radiofrequency Ablation (RFA) for chronic back pain associated with the facet joint.	2/21/2024
Pain Management Procedures	Prior to 9/1/2019	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR SACRAL	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent gan and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Pertinent realuations from other health care practitioners and providers; +Pertinent nearly or photographic information, as appropriate; +Rehabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Radiofrequency Ablation (RFA) for chronic back pain associated with the facet joint.	2/21/2024
Pain Management Procedures	Prior to 9/1/2019	64640	DSTRJ NEUROLYTIC AGENT OTHER PERIPHERAL NERVE	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent psychosocial history; +Pertinent psychosocial history; +Pertinent evaluations from other health care practitioner; +Pertinent tevaluations from other health care practitioners and providers; +Pertinent charts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Pain Management Procedures	Prior to 9/1/2019	97812	ACUPUNCTURE 1 OR GRT NDLS W ELEC STIMJ 1ST 15 MIN	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent plan and progress notes; -Pertinent psychosocial history; -Pertinent part and consultations with the treating practitioner; -Pertinent exats, graphs or photographic information, as appropriate; -Rechabilitation evaluations; -Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized		Date of Annual Review
Physical Therapy	7/1/2023	97012	APPL MODALITY 1 OR GT AREAS TRACTION MECHANICAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the reating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Participating Providers: Initial evaluation does not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	2/21/2024
Physical Therapy	7/1/2023	97014	APPL MODALITY 1 OR GT AREAS ELEC STIMJ UNATTENDED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Ulnical earn; Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations; information avaluations; information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Participating Providers: Initial evaluation does not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	2/21/2024
Physical Therapy	7/1/2023	97016	APPL MODALITY 1 OR GT AREAS VASOPNEUMATIC DEVICES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations; Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Participating Providers: Initial evaluation does not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	2/21/2024
Physical Therapy	7/1/2023	97018	APPL MODALITY 1 OR GT AREAS PARAFFIN BATH	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Participating Providers: Initial evaluation does not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	
Physical Therapy	7/1/2023	97022	APPLICATION MODALITY 1 OR GT AREAS WHIRLPOOL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pain and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charks, graphs or photographic information, as appropriate; •Rehabilitation evaluations; the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Participating Providers: Initial evaluation does not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized		Date of Annual Review
Physical Therapy	7/1/2023	97024	APPLICATION MODALITY 1 OR GT AREAS DIATHERMY	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical earm; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychosocial history: • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations from other health care practitioners and providers; • Rehabilitation regarding the local delivery system; and • Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Participating Providers: Initial evaluation does not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	2/21/2024
Physical Therapy	7/1/2023	97026	APPLICATION MODALITY 1 OR GT AREAS INFRARED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history: •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Rehabilitation regarding the local delivery system; and •Patient evaluations.	Texas Medicaid Provider Procedures Manual	Participating Providers: Initial evaluation does not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	
Physical Therapy	7/1/2023	97028	APPL MODALITY 1 OR GT AREAS ULTRAVIOLET	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history: •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Participating Providers: Initial evaluation does not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	
Physical Therapy	7/1/2023	97032	APPL MODALITY 1 OR GT AREAS ELEC STIMJ EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioner, appropriate; •Pertinent evaluations; information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Participating Providers: Initial evaluation does not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	
Physical Therapy	7/1/2023	97033	APPL MODALITY 1 OR GT AREAS IONTOPHORESIS EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent paychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioner, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Participating Providers: Initial evaluation does not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized		Date of Annual Review
Physical Therapy	7/1/2023	97034	APPL MODALITY 1 OR GT AREAS CONTRAST BATHS EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Information and consultations sontes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners; •Rehabilitation regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Participating Providers: Initial evaluation does not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	2/21/2024
Physical Therapy	7/1/2023	97035	APPL MODALITY 1 OR GT AREAS ULTRASOUND EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical earm; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; +Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations (see those protographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Participating Providers: Initial evaluation does not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	
Physical Therapy	Prior to 9/1/2019	97110	THERAPEUTIC PX 1 OR GT AREAS EACH 15 MIN EXERCISES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •Ilistory of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluation sellom orbits; •Pertinent overlautions; •Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Participating Providers: Initial evaluation does not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	
Physical Therapy	Prior to 9/1/2019	97112	THER PX 1 OR GRT AREAS EACH 15 MIN NEUROMUSC REEDUCA	information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •Ilistory of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations rom other health care practitioners and providers; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Participating Providers: Initial evaluation does not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	
Physical Therapy	Prior to 9/1/2019	97113	THER PX 1 OR GT AREAS EACH 15 MIN AQUA THER W/XERSS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent paychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; and providers; •Pertinent chards; graphs or photographic information, as appropriate; *Rehabilitation evaluations; *Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Participating Providers: Initial evaluation does not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized		Date of Annual Review
Physical Therapy	Prior to 9/1/2019	97116	THER PX 1 OR GRT AREAS EA 15 MIN GAIT TRAINJ W STAIR	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem =Clinical exam; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pertinent and progress notes; =Pertinent psychosocial history; =Information and consultations with the treating practitioner; =Pertinent charts, graphs or photographic information, as appropriate; =Rehabilitation regarding the local delivery system; and =Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Participating Providers: Initial evaluation does not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	2/21/2024
Physical Therapy	Prior to 9/1/2019	97124	THER PX 1 OR GRT AREAS EACH 15 MINUTES MASSAGE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Participating Providers: Initial evaluation does not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	
Physical Therapy	4/1/2020	97129	THER IVNTJ COG FUNCJ CNTCT 1ST 15 MINUTES	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem (-Clinical earn; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent charts, graphs or photographic information, as appropriate; +Rehabilitation regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	Participating Providers: Initial evaluation does not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	
Physical Therapy	4/1/2020	97130	THER IVNTJ COG FUNCJ CNTCT EA ADDL 15 MINUTES	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent agnost notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent chalsdisons for betographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	Participating Providers: Initial evaluation does not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	
Physical Therapy	Prior to 9/1/2019	97140	MANUAL THERAPY TQS 1 OR GRT REGIONS EACH 15 MINUTES	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent plan and progress notes; +Pertinent plan and consultations with the treating practitioner; +Pertinent exaluations from other health care practitioner; +Pertinent exaluations information, as appropriate; +Rethabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Participating Providers: Initial evaluation does not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized		Date of Annual Review
Physical Therapy	Prior to 9/1/2019	97150	THERAPEUTIC PROCEDURES GROUP 2 OR GRT INDIVIDUALS	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent agnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Pertinent psychosocial history; +Pertinent psychosocial history; +Pertinent chards, graphs or photographic information, as appropriate; +Rehabilitation regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Participating Providers: Initial evaluation does not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	2/21/202
Physical Therapy	Prior to 9/1/2019	97164	PHYSICAL THERAPY RE-EVAL EST PLAN CARE 20 MINS	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Pertinent psychosocial history; +Pertinent psychosocial history; +Pertinent outlations with the treating practitioner; +Pertinent charts, graphs or photographic information, as appropriate; +Rehabilitation regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/21/202
Physical Therapy	Prior to 9/1/2019	97530	THERAPEUT ACTVITY DIRECT PT CONTACT EACH 15 MIN	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical example +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Pertinent psychosocial history; +Pertinent psychosocial history; +Pertinent chain down other health care practitioner; +Pertinent charts, graphs or photographic information, as appropriate; +Rehabilitation regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Participating Providers: Initial evaluation does not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	
Physical Therapy	Prior to 9/1/2019	97533	SENSORY INTEGRATIVE TECHNIQUE EACH 15 MINUTES	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical example +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent chards, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Participating Providers: Initial evaluation does not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	
Physical Therapy	Prior to 9/1/2019	97535	SELF-CARE HOME MGMT TRAINING EACH 15 MINUTES	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent plan and progress notes; +Pertinent paychosocial history; +Pertinent exoluations from other health care practitioner; +Pertinent exoluations from other health care practitioners and providers; +Pertinent exoluations from other health care practitioners and providers; +Pertinent exoluations from other health care practitioner, appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Participating Providers: Initial evaluation does not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized		Date of Annual Review
Physical Therapy	7/1/2023	97537	COMMUNITY/WORK REINTEGRATION TRAING EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history; •Information and consultations with the realing practitioner; •Pertinent charlastors for photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Participating Providers: Initial evaluation does not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	2/21/2024
Physical Therapy	7/1/2023	97750	PHYSICAL PERFORMANCE TEST/MEAS W/REPRT EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent chals.graphs or photographic information, as appropriate; +Rehabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Participating Providers: Initial evaluation does not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	
Physical Therapy	7/1/2023	97760	ORTHOTICS MGMT AND TRAING INITIAL ENCTR EA 15 MINS	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem =Clinical exam; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pertinent psychosocial history; =Information and progress notes; =Pertinent evaluations from other health care practitioner; =Pertinent evaluations from other health care practitioners and providers; =Pertinent evaluations from other health care practitioners and providers; =Pertinent evaluations from other health care practitioners and providers; =Pertinent evaluations from other subtioner, as appropriate; =Pertinent evaluations; =Information negarding the local delivery system; and =Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Participating Providers: Initial evaluation does not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	
Physical Therapy	7/1/2023	97761	PROSTHETICS TRAINING INITIAL ENCTR EA 15 MINS	Information generally required to support authorization decision making includes, but not limited to: *Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; *History of the presenting problem *Clinical exam; *Pertinent diagnostic testing results, operative and/or pathological reports; *Pertinent psychosocial history; *Information and progress notes; *Pertinent evaluations from other health care practitioner; *Pertinent evaluations from other health care practitioners and providers; *Pertinent evaluations from other health care practitioners and providers; *Pertinent evaluations; *Pertinent evaluations; *Information negating the local delivery system; and *Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Participating Providers: Initial evaluation does not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	
Physical Therapy	7/1/2023	97763	ORTHOTICS/PROSTH MGMT and /TRAING SBSQ ENCTR 15 MIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical example: •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and crogers notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Participating Providers: Initial evaluation does not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Prosthetics and Orthotics	7/1/2024	L0462	TLSO TRIPLANAR 3 SHELL ANT TO STERNL NOTCH PRFAB	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pain and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual; under exceptional circumstances provision Molina Clinical Policy: Back Braces	9/11/2024
Prosthetics and Orthotics	Prior to 9/1/2019	L0480	TLSO TRIPLANAR 1 PIECE W O INTERFCE LINER CSTM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Prestment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioner, appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual; under exceptional circumstances provision Molina Clinical Policy: Back Braces	2/21/2024
Prosthetics and Orthotics	Prior to 9/1/2019	L0482	TLSO TRIPLANAR 1 PIECE W INTERFCE LINER CSTM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent evaluations from other health care practitioner; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent net evaluations from other health care practitioner, appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual; under exceptional circumstances provision Molina Clinical Policy: Back Braces	2/21/2024
Prosthetics and Orthotics	Prior to 9/1/2019	L0484	TLSO TRIPLANAR 2 PIECE W O INTERFCE LINER CSTM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent to evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual; under exceptional circumstances provision Molina Clinical Policy: Back Braces	2/21/2024
Prosthetics and Orthotics	Prior to 9/1/2019	L0486	TLSO TRIPLANAR 2 PIECE W INTERFCE LINER CSTM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Olinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual; under exceptional circumstances provision Molina Clinical Policy: Back Braces	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Prosthetics and Orthotics	7/1/2024	L0636	LSO SAGITTAL-CORONL CNTRL FLEX RIGID POST CUSTOM	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners; +Pertinent charls, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	Prior to 9/1/2019	L0637	LUMB-SACRAL ORTHOS SAG-COR CNTRL RIGD A AND P PREFAB	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Pertinent psychosocial history; +Pertinent evaluations with the treating practitioner; +Pertinent evaluations from other health care practitioners; +Pertinent chards, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/2024
Prosthetics and Orthotics	Prior to 9/1/2019	L0640	LSO SAGITTAL-CORONAL RIGID SHELL PANEL CUSTM FAB	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history; +Pertinent evaluations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent chars, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/2024
Prosthetics and Orthotics	Prior to 9/1/2019	L0650	LSO SAGITTAL-CORONAL CONTRL RIGD ANT POST PANELS	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent synchosocial history; +Pertinent evaluations from other health care practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent charts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/2024
Prosthetics and Orthotics	Prior to 9/1/2019	L0700	CTLSO ANT-POSTERIOR-LAT CONTROL MOLDED PT MODEL	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent dignostic testing results, operative and/or pathological reports; +Teratment plan and progress notes; +Pertinent dignostic testing results, operative and/or pathological reports; +Teratment plan and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioner; +Pertinent evaluations from other health care practitioners; +Pertinent evaluations from other health care practitioners; +Pertinent evaluations; +Pertinent evaluations; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/2024

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Prosthetics and Orthotics	Prior to 9/1/2019	L0710	CTLSO ANT-POST-LAT CNTRL MOLD PT-INTRFCE MATL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the trating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioner, appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/2024
Prosthetics and Orthotics	Prior to 9/1/2019	L1000	CTLSO INCLUSIVE FURNISHING INIT ORTHOS INCL MDL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical easies, the setting results, operative and/or pathological reports; •Pretinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/2024
Prosthetics and Orthotics	Prior to 9/1/2019	L1005	TENSION BASED SCOLIOSIS ORTHOTIC AND ACCESSORY PADS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioner and providers; •Pertinent revaluations for other health care practitioner, •Pertinent revaluations for refeabilities and programs; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/2024
Prosthetics and Orthotics	7/1/2024	L1200	TLSO INCLUSIVE FURNISHING INITIAL ORTHOSIS ONLY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	Prior to 9/1/2019	L1680	HIP ORTHOT DYN PELV CONTROL THIGH CUFF CSTM FAB	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent dignostic testing results, operative and/or pathological reports; +Pertinent path and progress notes; +Pertinent paychosocial history; Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioner, and providers; +Pertinent evaluations from other health care practitioner, as appropriate; +Rehabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/2024

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Prosthetics and Orthotics	Prior to 9/1/2019	L1685	HIP ORTHOS ABDCT CNTRL POSTOP HIP ABDCT CSTM	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical earny +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent group and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent chalsta, signsh or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/2024
Prosthetics and Orthotics	Prior to 9/1/2019	L1730	LEGG PERTHES ORTHOTIC SCOTTISH RITE CUSTOM FAB	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical earny +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent treats, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/2024
Prosthetics and Orthotics	Prior to 9/1/2019	L1834	KO WITHOUT KNEE JOINT RIGID CUSTOM FABRICATED	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent plan and progress notes; +Pertinent paychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent charts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/2024
Prosthetics and Orthotics	Prior to 9/1/2019	L1840	KO DEROTATION MEDIAL-LATERAL ACL CUSTOM FAB	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent plan and progress notes; +Pertinent paychoscial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent chards, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/2024
Prosthetics and Orthotics	Prior to 9/1/2019	L1844	KNEE ORTHOSIS SINGLE UPRIGHT THIGH AND CALF CUSTOM	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent dignostic testing results, operative and/or pathological reports; +Pertinent explansion swith the treating practitioner; +Pertinent explansion from other health care practitioners; and providers; +Pertinent explansions from other health care practitioner, and providers; +Pertinent explansion protographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/2024

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Prosthetics and Orthotics	Prior to 9/1/2019	L1846	KNEE ORTHOSIS DOUBLE UPRIGHT THIGH AND CALF CUSTOM	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +Listory of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent genostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/2024
Prosthetics and Orthotics	Prior to 9/1/2019	L1860	KNEE ORTHOS MOD SUPRACONDYLR PROS SOCKT CSTM FAB	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent traits, graphs or photographic information, as appropriate; +Rehabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/2024
Prosthetics and Orthotics	Prior to 9/1/2019	L1900	AFO SPRNG WIRE DORSIFLX ASST CALF BAND CSTM FAB	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent plan and progress notes; +Pertinent parand progress notes; +Pertinent parand consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent thats, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information negarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/2024
Prosthetics and Orthotics	Prior to 9/1/2019	L1945	AFO MOLD PT MDL PLSTC RIGD ANT TIBL SECT CSTM	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent plan and progress notes; +Pertinent packboscial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent chards, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/2024
Prosthetics and Orthotics	Prior to 9/1/2019	L1950	ANKLE FOOT ORTHOTIC SPIRAL PLASTIC CUSTOM-FAB	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent dignostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent dignostic testing results, operative and/or pathological reports; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners; and providers; +Pertinent exits, graphs or photographic information, as appropriate; +Refabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/2024

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Prosthetics and Orthotics	Prior to 9/1/2019	L1970 AFO PLASTIC WITH ANKLE JOINT CUSTOM FABRICATED	 Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Freatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners; Pertinent chards, graphs or photographic information, as appropriate; Rehatment ons; Information regarding the local delivery system; and Patient characteristics and information. 	Texas Medicaid Provider Procedures Manual	2/21/2024
Prosthetics and Orthotics	Prior to 9/1/2019	L2000 KAFO 1 UPRT FREE KNEE FREE A SOLID STIRUP CSTM	NK Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pretinent plan and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent thands, regarding the local delivery system; and • Rehabilitation evaluations;	Texas Medicaid Provider Procedures Manual	2/21/2024
Prosthetics and Orthotics	Prior to 9/1/2019	L2005 KAFO ANY MATL AUTO LOCK AN SWNG RLSE W ANK JNT CSTM	ID Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pertinent plan and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent charts, graphs or photographic information, as appropriate; • Retainitiation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/2024
Prosthetics and Orthotics	Prior to 9/1/2019	L2010 KAFO 1 UPRT SOLID STIRUP W C	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent constraints; •Pertinent constraints; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/2024
Prosthetics and Orthotics	Prior to 9/1/2019	L2020 KAFO DBL UPRT SOLID STIRUP T AND CALF CSTM FAB	H Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertiment diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertiment evaluations and consultations with the treating practitioner; • Pertiment evaluations from other health care practitioners and providers; • Pertiment chards; gens protographic information, as appropriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Prosthetics and Orthotics	Prior to 9/1/2019	L2030	KAFO DBL UPRT SOLID STIRUP W O	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners; -Pertinent charlas, graphs or photographic information, as appropriate; +Rehabilitation evaluations; -Information negarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/2024
Prosthetics and Orthotics	Prior to 9/1/2019	L2034	KAFO PLASTIC MED LAT ROTAT CNTRL CSTM FAB	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners; +Pertinent charts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information negarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/2024
Prosthetics and Orthotics	Prior to 9/1/2019	L2036	OF NIGHT CSTWITAB	Information generally required to support authorization decision making includes, but not limited to: =Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; =History of the presenting problem =Clinical exam; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pertinent palph and progress notes; =Pertinent part and consultations with the treating practitioner; =Information and consultations with the treating practitioner; =Pertinent chards, graphs or photographic information, as appropriate; =Rehabilitation evaluations; =Information regarding the local delivery system; and =Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/2024
Prosthetics and Orthotics	Prior to 9/1/2019	L2037	of Marrie CostowitAb	Information generally required to support authorization decision making includes, but not limited to: =Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; =History of the presenting problem =Clinical exam; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pertinent plan and progress notes; =Pertinent plan and consultations with the treating practitioner; =Information and consultations with the treating practitioner; =Pertinent evaluations from other health care practitioners and providers; =Pertinent charts, graphs or photographic information, as appropriate; =Rehabilitation evaluations; =Information regarding the local delivery system; and =Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/2024
Prosthetics and Orthotics	Prior to 9/1/2019	L2038	KAFO FULL PLASTIC MX-AXIS ANKLE CUSTOM FAB	Information generally required to support authorization decision making includes, but not limited to: =Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; =History of the presenting problem =Clinical exam; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pertinent palpan and progress notes; =Pertinent palpan and consultations with the treating practitioner; =Information and consultations with the treating practitioner; =Pertinent evaluations from other health care practitioners; =Pertinent exal, graphs or photographic information, as appropriate; =Rehabilitation evaluations; =Information negarding the local delivery system; and =Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Prosthetics and Orthotics	Prior to 9/1/2019	L2090	HKAFO UNI TORSION CABLE BALL BEAR CSTM	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations; +Pertinent charts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/2024
Prosthetics and Orthotics	Prior to 9/1/2019	L2106	AFO FX ORTHOTIC TIB FX CAST THERMOPLSTC CSTM FAB	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent diagnostic testing results, operative and/or pathological reports; +Pretinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent revaluations from other health care practitioners; +Pertinent revaluations from other health care practitioners; +Pertinent revaluations reparating in information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and Information.	Texas Medicaid Provider Procedures Manual	2/21/2024
Prosthetics and Orthotics	Prior to 9/1/2019	L2108	AFO FX ORTHOTIC TIB FX CAST ORTHOSIS CSTM FAB	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent psychosocial history; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent revaluations from other health care practitioners; +Pertinent treatules on ther health care practitioners; +Pertinent revaluations from other health care practitioners; +Pertinent revaluations (s); +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/2024
Prosthetics and Orthotics	Prior to 9/1/2019	L2126	KAFO FEM FX CAST ORTHOTIC THERMOPLSTC CSTM FAB	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent transf, graphs or photographic information, as appropriate; +Rehabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/2024
Prosthetics and Orthotics	Prior to 9/1/2019	L2128	KAFO FX ORTHOTIC FEM FX CAST ORTHOSIS CSTM FAB	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent paychosocial history; •Information and consultations with the treating practitioner; •Pertinent exaluations from other health care practitioners and providers; •Pertinent exats, graphs or photographic information, as appropriate; •Rehabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Prosthetics and Orthotics	7/1/2024	L2350	ADD LOW EXTREM PROSTHETIC TYPE SOCKT MOLD PT MDL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical seam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; #Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent orealuations care other health care practitioners; •Pertinent orealuations care protographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L2525	ADD LW EXTRM ISCH M-L BRIM MOLD PT MDL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical seam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent overlaudion regarble information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L2627	ADD LW EXT PELV PLSTC MOLD PT MDL HIP JNT AND CABLES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent synchoscial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners; •Pertinent evaluation regarble information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L2628	ADD LW EXT PELV METL FRME REC HIP JNT AND CABLES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent or photographic information, a appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L3900	WHFO DYN FLEXOR HINGE WRST/FNGR DRIVEN CSTM FAB	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent plan and progress notes; •Pertinent synchrosotial history; •Information and consultations with the treating practitioner; •Pertinent tarks, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Prosthetics and Orthotics	7/1/2024	L3901	WHFO DYN FLEXOR HINGE CABLE DRIVEN CSTM FAB	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent nerality and services: •Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L3904	WHFO EXTERNAL POWERED ELECTRIC CUSTOM FABRICATED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent nergarks or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	Prior to 9/1/2019	L4631	AFO WALK BOOT TYP ROCKR BOTTN ANT TIB SHELL CSTM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioner and providers; •Pertinent evaluations from other health care practitioner; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/2024
Prosthetics and Orthotics	7/1/2024	L5050	ANKLE SYMES MOLDED SOCKET SACH FOOT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretrinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent to evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L5060	ANK SYMES METL FRME MOLD LEATHR SOCKT ARTIC ANK	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations: •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Prosthetics and Orthotics	7/1/2024	L5100	BELOW KNEE MOLDED SOCKET SHIN SACH FOOT	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent chards, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L5105	BELOW KNEE PLSTC SOCKT JNT AND THIGH LACER SACH FOOT	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history: +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent charls, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L5150	KNEE DISRTC MOLD SOCKT EXT KNEI JNT SHIN SACH FT	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent characts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L5160	KNEE DISARTIC MOLD SOCKT BENT KNEE EXT KNEE JNT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Pertinent evaluations from other health care practitioner; •Pertinent thats, graphs or photographic information, as appropriate; •Pertinent characteristics and lelivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L5200	ABOVE KNEE MOLD SOCKT 1 AXIS CONSTANT FRICTION	Information generally required to support authorization decision making includes, but not limited to: *Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; *History of the presenting problem *Clinical exam; *Pertinent diagnostic testing results, operative and/or pathological reports; *Treatment plan and progress notes; *Pertinent plan and consultations with the treating practitioner; *Pertinent evaluations from other health care practitioner; *Pertinent evaluations; *Information regarding the local delivery system; and *Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Prosthetics and Orthotics	7/1/2024	L5210 ABOVE KN JNT NO AY		E Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Preatment plan and progress notes; -Pertinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent evaluations from other health care practitioners; -Pertinent charts, graphs or photographic information, as appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L5220 ABOVE KN W/ARTIC /	EE SHORT PROSTH ANK/FOOT DYN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent realuations from other health care practitioners and providers; •Pertinent nevaluations (s) information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L5230 ABOVE KN DEFIC SAC		Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024		TIC CANADIAN TYPE; :KT HIP JNT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent pan and progress notes; •Pertinent pan and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L5270 HIP DISRT LOCK HIP		Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pretinent dignostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pretinent dignostic testing results, operative and/or pathological reports; -Information and consultations with the treating practitioner; -Pretinent evaluations from other health care practitioners and providers; -Pretinent evaluations from other health care practitioner, appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Prosthetics and Orthotics	7/1/2024	L5280	HEMIPELVECT CANADIAN TYPE; MOLD SOCKT HIP JNT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioner and providers; •Pertinent results or bhotographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L5301	BELOW KNEE MOLD SOCKET SHIN SACH FT ENDOSKEL SYS	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; -Nistory of the presenting problem -Cinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Preatment plan and progress notes; -Pertinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent evaluations from other health care practitioners and providers; -Pertinent nervalues on other health care practitioners and providers; -Pertinent nervalues on other health care practitioners and providers; -Pertinent nervalues and or not and the and progress of the second providers; -Pertinent chards, graphs or photographic information, as appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L5312	KNEE DISARTIC MOLD SOCKET 1 AXI: KNEE SACH FOOT	S Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem • Olinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent totarts, graphs or photographic information, as appropriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L5321	ABOVE KNEE OPEN END SACH FT ENDO SYS 1 AXIS KNEE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L5331	JOINT SINGLE AXIS KNEE SACH FOOT	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent dignostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent dignostic testing results, operative and/or pathological reports; -Information and consultations; Hoffment psychosocial histor; -Pertinent evaluations from other health care practitioner; -Pertinent evaluations from other health care practitioner; -Pertinent evaluations from other health care practitioner; -Pertinent evaluations regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024

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Prosthetics and Orthotics	7/1/2024	L5341	SINGLE AXIS KNEE SACH FOOT	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pretiment psychosocial history; -Information and progress notes; -Pertinent evaluations from other health care practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent revaluations from other health care practitioners and providers; -Pertinent revaluations from other health care practitioners and providers; -Pertinent revaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L5500	INIT BELOW KNEE PTB SOCKET NON ALIGN DIR FORMED	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical example -Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent diagnostic testing results, operative and/or pathological reports; +Pretinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations mother health care practitioners; +Pertinent charls; graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L5505	INIT ABVE KNEE-DISARTC ISCH LEVL SOCKT NON-ALIGN	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent psychosocial history; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent revaluations from other health care practitioners; +Pertinent revaluations from other health care practitioners; +Pertinent revaluations regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L5510	PREP BELOW KNEE PTB SOCKET NON ALIGN MOLD MODEL	Unformation generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pretinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent revaluations from other health care practitioners and providers; -Pertinent charls, graphs or photographic information, as appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L5520	PREP BK PTB SCKT NON-ALIGN THERMOPLSTC/ Equal to DIR FORM	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent exatulations from other health care practitioners and providers; -Pertinent exats, graphs or photographic information, as appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024

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Prosthetics and Orthotics	7/1/2024	L5530	PREP BK PTB SCKT NON-ALIGN THERMOPLSTC/ Equal to MOLD MDI	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem =Clinical earny; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pertinent gapchoscial history; =Pertinent psychoscial history; =Information and consultations with the treating practitioner; =Pertinent exaluations from other health care practitioners and providers; =Pertinent evaluations from other health care practitioners and providers; =Pertinent evaluations from other health care practitioners and providers; =Rehabilitation regarding the local delivery system; and =Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L5535	PREP BELOW KNEE PTB NON-ALIGN PRFAB ADJ OPEN END	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Cinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent generation and progress notes; +Pretinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent revaluations from other health care practitioners; +Pertinent revaluations from other health care practitioners; +Pertinent charls, graphs or photographic information, as appropriate; +Rehabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L5540	PREP BK PTB SCKT NON-ALIGN LAMNATD SCKT MOLD MDL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; +Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent transf, signals or photographic information, as appropriate; *Rehabilitation evaluations; Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L5560	PREP AK-DISRTC ISCH LEVL PLASTER SOCKET MOLD MDL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent paychosocial history; +Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; *Pertinent tasks or photographic information, as appropriate; *Rehabilitation evaluations; Information regarding the local delivery system; and *Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L5570	PREP AK-DISRTC ISCH LEVL THERMOPLSTC / Equal to DIR FORMED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent pan and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent charac, graphs or photographic information, as appropriate; *Rehabilitation evaluations; •Information negarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024

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Prosthetics and Orthotics	7/1/2024	L5580	PREP AK DISARTIC NON-ALIGN THERMOPLSTC/ Equal to MOLD MDI	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent psychosocial history; +Pertinent psychosocial history; +Information and consultations with the traing practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Pertinent realuations from other health care practitioners and providers; +Pertinent realuations from other health care practitioners and providers; +Pertinent realuations from other health care practitioners and providers; +Pertinent charts, graphs or photographic information, as appropriate; *Achabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L5585	PREP AK-DISARTC NON-ALIGN PRFAB ADJ OPN END SCKT	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history; •Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent charts, graphs or photographic information, as appropriate; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L5590	PREP AK-DISARTIC NON-ALIGN LAMINATED SOCKET MOLD	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history; •Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Pertinent nevaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L5595	PREP HIP DISARTIC-HEMIPELVECT THERMOPLSTC/ Equal to MOLD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L5600	PREP HIP DISARTIC-HEMIPELVECT LAMINATD SCKT MOLD	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history; Information and consultations with the treating practitioner; +Pertinent exaluations from other health care practitioners and providers; +Pertinent exaluations room toher health care practitioner, as appropriate; +Pertinent exaluations room toher health care practitioner, +Pertinent exaluations providers; +Pertinent exaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024

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Prosthetics and Orthotics	7/1/2024	L5610	ADD LW EXTRM ENDO SYS ABVE KNEE HYDRACADENCE SYS	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical earn; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from othotographic information, as appropriate; *Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L5611	ADD LW EXTRM ENDO AK-DISRTC 4- BAR LINK W/FRICT	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent trafts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L5613	ADD LOW EXTRM ENDO AK- DISARTIC 4-BAR W/HYDRAULIC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L5614	ADD LOW EXT EXOSKEL SYS AK- DISARTC 4-BAR PNEUMAT	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent plan and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent testings or photographic information, as appropriate; =Rehabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L5616	ADD LOW EXTRM ENDO AK UNIVERSAL MXPLX SYS FRICT	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent dignostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent patients such and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioner; -Pertinent evaluations from other health care practitioner; -Pertinent evaluations from other health care practitioner; -Pertinent evaluations (protographic information, as appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024

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Prosthetics and Orthotics	7/1/2024	L5639	ADDITION LOWER EXTREMITY BELOW KNEE WOOD SOCKET	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem =Clinical earn; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent graphs and progress notes; =Pertinent sychosocial history; =Information and consultations with the treating practitioner; =Pertinent evaluations from other health care practitioners and providers; =Pertinent charts, graphs or photographic information, as appropriate; =Netholitic testing evaluations; =Information regarding the local delivery system; and =Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L5643	ADD LW EXT HIP DISARTIC FLX INNR SOCKT EXT FRAME	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Cinical example -Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent genome to the set of the	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L5649	ADD LW EXT ISCHIAL CONTAINMENT/NARROW M-L SOCKET	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent trats, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L5651	ADD LW EXT ABVE KNEE FLXIBLE INNR SOCKT EXT FRME	Information generally required to support authorization decision making includes, but not limited to: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem - Clinical exam; - Pertinent diagnostic testing results, operative and/or pathological reports; - Pretinent plan and progress notes; - Pertinent pan and consultations with the treating practitioner; - Pertinent evaluations from other health care practitioners and providers; - Pertinent charac, graphs or photographic information, as appropriate; - Rechabilitation evaluations; - Information regarding the local delivery system; and + Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L5681	ADD LW EXT BK/AK CST INS CNG/ATYP TRAUM AMP INIT	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent dignostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pretinent patients with the treating practitioner; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners; -Pertinent exats, graphs or photographic information, as appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Prosthetics and Orthotics	7/1/2024	L5683	ADD LW EXTR BK/AK CST FAB NO CNGN/TRAUM AMP INIT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical examples of the presenting problem •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent grychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent readulations from other health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L5700	REPLACEMENT SOCKET BELOW KNE BK MOLDED PT MODEL	E Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent revaluations from other health care practitioners and providers; •Pertinent revaluations from other health care practitioners and providers; •Pertinent revaluations revaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L5701	REPL SOCKT ABOVE KNEE/KNEE DISARTIC W/ATTCH PLAT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners; •Pertinent revaluations from other health care practitioners; •Pertinent revaluations regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L5702	REPLCMT SOCKT HIP DISARTIC W/HIP JNT MOLD PT MDL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosoial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent realuations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L5703	ANKLE SYMES MOLD PT MODEL SACH FOOT REPL ONLY	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent dignostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent pathgenostic testings multi-testing practitioner; -Pertinent exclusions with the treating practitioner; -Pertinent exclusions from other health care practitioners; -Pertinent exclusions from other health care practitioners; -Pertinent exclusions in the torgraphic information, as appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Prosthetics and Orthotics	7/1/2024	L5705	CUSTOM SHAPED PROTECTIVE COVER ABOVE KNEE AK	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent resultion regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L5706	CUSTOM SHAPED PROTECTIVE COVER KNEE DISARTIC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent torist, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L5707	CUSTOM SHAPED PROTECTIVE COVER HIP DISARTIC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Olinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pain and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent tarks, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L5718	ADD EXOSKL KNEE-SHIN POLYCNTR FRICT SWING CNTR	C Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent plan and progress notes; +Pertinent psychosocial history; -Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent charls, graphs or photographic information, as appropriate; -Rehabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L5722	ADD EXOSKEL KNEE-SHIN PNEUMA SWING FRICT CNTRL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pain and progress notes; •Pertinent paychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent exits, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Prosthetics and Orthotics	7/1/2024	L5724	ADD EXOSKEL KNEE-SHIN FLUID SWING PHASE CNTRL	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem =Clinical earn; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from othotographic information, as appropriate; *Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L5726	ADD EXOSKEL KNEE-SHIN EXT JOINT FL SWING CNTRL	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical examples of the presenting problem -Pertinent diagnostic testing results, operative and/or pathological reports; -Pretinent diagnostic testing results, operative and/or pathological reports; -Pretinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent revaluations from other health care practitioners and providers; -Pertinent revaluations from other health care practitioners and providers; -Pertinent revaluations (; -Rehabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L5728	ADD EXOSKEL KNEE-SHIN FLUID SWING AND STANCE CNTRL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent treatures protographic information, as appropriate; *Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L5780	ADD EXOSKL KNEE-SHIN PNEUMAT/HYDRA PNEUMAT CNTRI	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pretiment psychosocial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent tarks, graphs or photographic information, as appropriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L5781	ADD LW LIMB PROS RESIDUL LIMB VOL MGMT SYS	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent plan and progress notes; -Pertinent part and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners; -Pertinent characteristics or photographic information, as appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Prosthetics and Orthotics	7/1/2024	L5782	ADD LW LIMB PROS RESIDUL LIMB MGMT SYS HEVY DUTY	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +Nistory of the presenting problem Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; -Pertinent psychosocial history; Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioner and providers; +Pertinent evaluations from other health care practitioner and providers; +Pertinent evaluations from other health care practitioners and providers; +Pertinent nerview of the care from the properties of the providers; Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L5783	ADD LWR EXT USER ADJ MECH RES LIMB VOL MGMT SYS	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; -Nistory of the presenting problem -Cinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Preatment plan and progress notes; -Pertinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent evaluations from other health care practitioners and providers; -Pertinent nevaluations; -Rehabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L5795	ADD EXOSKEL SYSTEM HIP DISARTIC ULTRA-LGHT MATL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent results on the protographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L5814	ADD ENDOSKEL KNEE-SHIN HYDRAULIC SWING MECH LOCK	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L5816	ADD ENDOSKEL KNEE-SHIN MECH STANCE PHASE LOCK	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent dignostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent dignostic testing results, operative and/or pathological reports; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent evaluations from other health care practitioner, as appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Prosthetics and Orthotics	7/1/2024	L5822	ADD ENDOSKEL KNEE-SHIN PNEUMAT SWING FRICT CNTRL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L5824	ADD ENDOSKEL KNEE-SHIN FLUID SWING PHASE CNTRL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent carls, graphs or photographic information, as appropriate; •Arehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L5826	ADD ENDO KNEE-SHIN HYDRAUL SWNG MIN HI ACTV FRME	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •Listory of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Arehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L5828	ADD ENDO KNEE-SHIN FL SWING AND STANCE PHASE CNTRL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioner, •Pertinent charts, graphs or photographic information, as appropriate; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L5830	ADD ENDOSKEL KNEE-SHIN PNEUMAT/SWING PHASE CNTRL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Prosthetics and Orthotics	7/1/2024	L5840	ADD ENDO KNEE-SHIN 4-BAR LINK/MX-AXIAL PNEUMAT	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Pertinent nevaluations; +Pertinent nevaluations; +Pertinent chards, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L5841	ADD ENDOSKEL KNEE-SHIN SYS PNEU SW and ST PH CTRL	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent torist, graphs or photographic information, as appropriate; +Rehabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L5845	ADD ENDOSKEL KNEE-SHIN STANCE FLX FEATUR ADJ	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent part and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L5848	ADD ENDOSKEL KNEE-SHIN SYS FLUID STANCE EXTENSN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent pan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent chark, graphs or photographic information, as appropriate; •Rehabilitation evaluations; Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	Prior to 9/1/2019	L5856	ADD LOW EXT PROS KNEE-SHIN SYS SWING AND STANCE PHSE	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent pachoscical history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioner; +Pertinent extras, graphs or photographic information, as appropriate; +Rehabilitation regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Prosthetics and Orthotics	10/1/2020	L5857	ADD LOW EXT PROS KNEE-SHIN SYS SWING PHASE ONLY	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +Nistory of the presenting problem Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; -Pertinent psychosocial history; Information and consultations with the trating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Pertinent resultion evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/2024
Prosthetics and Orthotics	10/1/2020	L5858	ADD LW EXT PROS KNEE SHIN SYS STANCE PHASE ONLY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent tevaluations from other health care practitioners and providers; •Pertinent revaluations from other health care practitioners and providers; •Pertinent nervalues of the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/2024
Prosthetics and Orthotics	10/1/2020	L5859	ADD LOW EXT PROS KN-SHIN PROG FLX EXT ANY MOTOR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent totarts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/2024
Prosthetics and Orthotics	7/1/2024	L5930	ADD ENDOSKEL SYSTEM HIGH ACTV KNEE CONTROL FRAME	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent psychosocial histor; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent charls, graphs or photographic information, as appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L5961	ADD ENDO SYS POLYCNTRC HIP JOINT ROTATION CNTRL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent exaluations from other health care practitioners and providers; •Pertinent exaluations from other health care practitioner, appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024

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Prosthetics and Orthotics	7/1/2024	L5964	ADD ENDOSKEL AK FLEXIBLE PROTV OUTR SURF COVER	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem =Cinical earns =Pertinent diagnostic testing results, operative and/or pathological reports; =Pretinent graphs and progress notes; =Pertinent synchastions notes; =Information and consultations with the treating practitioner; =Pertinent evaluations from other health care practitioners and providers; =Pertinent evaluations from evaluations; =Information regarding the local delivery system; and =Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L5966	ADD ENDO HIP DISRTC FLXIBL PROTVE OUTR SURF COVR	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical examples of the presenting problem •Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; •Pertinent evaluations from other health care practitioner; +Pertinent evaluations from other health care practitioners; •Pertinent treaductions from other health care practitioners; +Pertinent revaluations; +Pertinent revaluations; +Pertinent revaluations; +Pertinent revaluations; +Pertinent revaluations; +Pertinent chards; graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L5968	ADD LW LIMB PROSTH MX-AXIAL ANK W/SWING PHASE	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +Listory of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and progress notes; +Pertinent evaluations from other health care practitioner; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations; +Pertinent revaluations; +Pertinent revaluations; +Pertinent revaluations; +Pertinent characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L5969	ADDITION ENDOSKELETAL ANKLE- FOOT/ANK PWR ASSIST	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent thats, graphs or photographic information, as appropriate; +Rehabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L5973	ENDOSKEL ANK FOOT SYS MICRPROCSS CONTROL PWR SRC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent paychoscial history; •Pertinent paychoscial history; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024

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Prosthetics and Orthotics	7/1/2024	L5979	ALL LW EXTRM PRSTH MX-AXL ANK DYN RSPN FT 1 PECE	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical earny +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent group and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent chalsta, signsh or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L5980	ALL LOWER EXTREMITY PROSTHESES FLEX-FOOT SYSTEM	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent revaluations from other health care practitioners and providers; +Pertinent treatuations from other health care practitioners and providers; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations from other health care practitioners and providers; +Pertinent chards, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L5981	ALL LOWER EXTREM PROSTH FLEX- WALK SYSTEM/EQUAL	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent treatuations from other health care practitioners and providers; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations (s) =Henhalittation evaluations; =Information regarding the local delivery system; and +Patient characteristics and Information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L5987	ALL LW XTRM PRSTH SHNK FT SYS W/VRTCL LOAD PYLN	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent thats, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L5988	ADD LW LIMB PROSTH VERTCL SHOCK RDUC PYLN FEATUR	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertiment dignostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertiment plangostic testing practitioner; +Information and consultations with the treating practitioner; +Pertiment evaluations from other health care practitioners and providers; +Pertiment extra, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Prosthetics and Orthotics	7/1/2024	L5990	ADD LOW EXTREM PROSTH USER ADJUSTBLE HEEL HT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and propriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L6000	PARTIAL HAND THUMB REMAINING	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent net setups or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L6010	PARTIAL HAND LITTLE AND OR RING FINGER REMAINING	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Olinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent torts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L6020	PARTIAL HAND NO FINGER REMAINING	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	Prior to 9/1/2019	L6026	TRANSCARPAL MC PART HAND DISARTICULATION PROS	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent dignostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent dignostic testing results, operative and/or pathological reports; -Information and consultations with the treating practitioner; -Pertinent distributions with the treating practitioner; -Pertinent diverts, graphs or photographic information, as appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Prosthetics and Orthotics	7/1/2024	L6050	WRST DISARTIC MOLD SOCKET FLEX ELB HNG TRICP PAD	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent diagnostic testing results, operative and/or pathological reports; +Pretinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent revaluations from other health care practitioners and providers; +Pertinent charts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L6055	WRST DISARTIC MOLD SOCKT W/XPNDABLE INTERFCE	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; -Pertinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent revaluations from other health care practitioners and providers; -Pertinent revaluations from other health care practitioners and providers; -Pertinent revaluations; -Pertinent revaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L6100	BELW ELB MOLD SOCKT FLXIBLE ELB HINGE TRICP PAD	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent diagnostic testing results, operative and/or pathological reports; +Pretinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations; +Rehabilitation evaluations; information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L6110	BELOW ELBOW MOLDED SOCKET	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent gan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent tasks or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L6120	BELW ELB MOLD DBL WALL SCKT STEP-UP HNG 1/2 CUFF	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent plan and progress notes; -Pertinent pan and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners; -Pertinent chards, graphs or photographic information, as appropriate; -Rechabilitation evaluations; -Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Prosthetics and Orthotics	7/1/2024	L6130	BELW ELB STUMP ACTVATD LOCK HINGE HALF CUFF	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem =Clinical earn; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent group and progress notes; =Pertinent sychosocial history; =Information and counsultations with the treating practitioner; =Pertinent evaluations from other health care practitioners and providers; =Pertinent tevaluations from other health care practitioners and providers; =Pertinent revaluations from other health care practitioners and providers; =Pertinent revaluations from other health care practitioners and providers; =Pertinent revaluations from other health care practitioners and providers; =Pertinent charts, graphs or photographic information, as appropriate; =Netholitical endulutions; =Information regarding the local delivery system; and =Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L6200	ELB DISARTC MOLD SOCKT OUTSIDE	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem C-Cinical examples of the presenting problem -Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent diagnostic testing resords; -Pertinent psychosocial history; Information and consultations with the treating practitioner; -Pertinent revaluations from other health care practitioners and providers; -Pertinent revaluations from other health care practitioners and providers; -Pertinent revaluations; -Pertinent revaluations; Information regarding the local delivery system; and -Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L6205	ELB DISARTC MOLD SCKT W/XPND INTRFCE LOCK FORARM	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent diagnostic testing results, operative and/or pathological reports; +Pretinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations from other health care practitioners and propriate; +Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L6250	ABVE ELB MOLD DBL WALL SCKT INTRL LCK ELB FORARM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent tasks or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L6300	SHLDR DISARTIC MOLD SOCKET INTRL LOCK ELB FORARM	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent paychosocial history; -Pertinent exolusions with the treating practitioner; -Pertinent exolusions from other health care practitioners and providers; -Pertinent extrats, graphs or photographic information, as appropriate; -Rehabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Prosthetics and Orthotics	7/1/2024	L6310	SHOULDER DISARTIC PASSIVE REST COMPLETE PROSTH	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent nervalues; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L6320	SHOULDER DISART PASSIVE REST SHOULDER CAP ONLY	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Cinical exam; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pretinent psychosocial history; =Pertinent psychosocial history; =Information and consultations with the treating practitioner; =Pertinent evaluations from other health care practitioners and providers; =Pertinent tevaluations mother health care practitioners and providers; =Pertinent revaluations regarding the local delivery system; and =Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L6360	INTERSCAPULAR THOR PASSIVE REST CMPL PROSTH	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent tharts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L6370	INTERSCAPULAR THOR PASSIVE REST SHLDR CAP ONLY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent paychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L6400	BE MOLD SCKT ENDOSKEL SYS W/SFT PROSTH TISS SHAP	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent dignostic testing results, operative and/or pathological reports; +Pretinent pathonson and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners; +Pertinent evaluations from other health care practitioner; +Pertinent exaluations reporting information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024

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Prosthetics and Orthotics	7/1/2024	L6450	ELB DISRTC MOLD SCKT ENDOSKEL W/SFT PROSTH TISS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent thats, graphs or photographic information, as appropriate; *Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L6500	ABVE ELB MOLD SCKT ENDOSKEL W/SFT PROSTH TISS	Information generally required to support authorization decision making includes, but not limited to: *Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; *History of the presenting problem *Clinical exam; *Pertinent diagnostic testing results, operative and/or pathological reports; *Pertinent psychosocial history; *Information and consultations with the treating practitioner; *Pertinent evaluations from other health care practitioners and providers; *Pertinent characteristics and information, as appropriate; *Rehabilitation evaluations; *Information regarding the local delivery system; and *Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L6550	SHLDR DISRTC MOLD SCKT ENDOSKEL W/SFT PROS TISS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent thats, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L6570	INTRSCAP THOR MOLD SCKT ENDOSKEL W/SFT PROS TISS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent thats, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L6580	PREP WRST DISRTC/BELW ELB 1 WALL PLSTC SCKT MOLD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent plan and consultations with the treating practitioner; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent extra, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024

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Prosthetics and Orthotics	7/1/2024	L6582	PREP WRST DISRTC/BELW ELB 1 WALL SCKT DIR FORMED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical example: •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent results; presho or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L6584	PREP ELB DISRTC/ABVE ELB 1 WALL PLSTC SOCKT MOLD	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical example: • Pertinent diagnostic testing results, operative and/or pathological reports; • Pretinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations from other health care practitioners and providers; • Pertinent results or photographic information, as appropriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L6586	PREP ELB DISRTC/ABVE ELB 1 WALL SOCKT DIR FORMED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent revaluations regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L6588	PREP SHLDR DISRTC THOR 1 WALL PLSTC SCKT MOLD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent chards; graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L6590	PREP SHLDR DISRTC THOR 1 WALL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent part and progress notes; •Pertinent part and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Prosthetics and Orthotics	7/1/2024	L6621	UP EXTREM PROS ADD FLEXION/EXTENSION WRIST	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and propriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L6624	UPPER EXTREMITY ADD FLX/EXT ROTATION WRIST UNIT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent torists, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L6638	UP EXT ADD PROS ELEC LOCK ONLY W/MNL PWR ELB	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent net availations spite in othorgraphic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L6646	UP EXT ADD SHLDR JNT MX PSTN W/BDY/EXT PWR SYS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Cilical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent totals, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L6648	UP EXTREM ADD SHLDR LOCK MECH EXT PWR ACTUATOR	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent evaluations from other health care practitioner; Rehabilitation evaluations, Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Prosthetics and Orthotics	7/1/2024	L6693	UPPER EXTREM ADD LOCK ELB FORARM COUNTERBALANCE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L6696	ADD UP EXT PROS ELB CSTM CNGN/TRAUMAT AMP INIT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent orealizations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L6697	ADD UP EXT PROS ELB CSTM NOT CNGN/TRAUM AMP INIT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioner, a appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L6707	TERMINAL DEVICE HOOK MECH VOLUNTARY CLOSING	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charls, graphs or pholographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L6708	TERMINAL DEVICE HAND MECH VOLUNTARY OPENING	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pretinent diagnostic testing results, operative and/or pathological reports; -Information and consultations with the treating practitioner; -Pertinent charts, graphs or photographic information, as appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Prosthetics and Orthotics	7/1/2024	L6709	TERMINAL DEVICE HAND MECH VOLUNTARY CLOSING	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consolutations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent results on the protographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L6712	TERM DVC HOOK MECH VOL CLOS ANY MATL ANY SZ PED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent revaluations from other health care practitioners and providers; •Pertinent revaluations regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L6713	TERM DVC HAND MECH VOL OPN ANY MATL ANY SIZE PED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent results or pottographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L6715	TERM DEV MX ARTIC DIGIT W/MOTORS INIT ISSUE/REPL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L6721	TERM DEVC HOOK/HND HVY-DUTY MECH VOL OPN ANY SZ	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent pan and progress notes; •Pertinent pan and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations report planter information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Prosthetics and Orthotics	7/1/2024	L6722	TERM DEVC HOOK/HAND HVY-DUTY MECH VOL CLOS	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; +Pertinent plan and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners; +Pertinent charls, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L6880	ELEC HAND SWTCH/MYOELEC CNTRL INDEP ARTC DIG MTR	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners; +Pertinent charts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information negarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L6881	AUTOMATIC GRASP ADD UPPER LIMB ELEC PROSTH DEVC	Information generally required to support authorization decision making includes, but not limited to: =Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; =History of the presenting problem =Clinical exam; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pertinent plan and progress notes; =Pertinent plan and consultations with the treating practitioner; =Information and consultations with the treating practitioner; =Pertinent evaluations from other health care practitioners and providers; =Pertinent charts, graphs or photographic information, as appropriate; =Rehabilitation evaluations; =Information regarding the local delivery system; and =Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L6882	MICRPRROCSS CNTRL FEATUR ADD UP LIMB PROSTH DEVC	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent plan and progress notes; -Pertinent payshoscial history; -Pertinent evaluations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; +Pertinent chars, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L6900	HAND REST PART HAND W/GLOVE THUMB/1 FNGR REMAIN	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent plan and progress notes; +Pertinent plan and consultations with the treating practitioner; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent exal, signshor on photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Prosthetics and Orthotics	7/1/2024	L6905	HAND REST PART HAND W/GLOVE MX FNGR REMAIN	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +Nistory of the presenting problem -Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; -Pretinent psychosocial history; -Information and consultations with the trating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent evaluations from other health care practitioners and providers; -Pertinent resultations settion evaluations; Information regarding the local delivery system; and -Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L6910	HAND REST PART HAND W/GLOVE NO FNGR REMAIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •Nistory of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent tevaluations from other health care practitioner and providers; •Pertinent revaluations from other health care practitioner as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L6920	WRST DISARTIC OTTO BOCK/ Equal to SWTCH CNTRL TERM DEVICE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent results operations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L6925	WRST DISARTIC OTTO BOCK/ Equal to MYOELEC CNTRL TERM DEVC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L6930	BELOW ELBOW OTTO BOCK/ Equal to SWITCH CNTRL TERM DEVICE	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent dignostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent dignostic testing results, operative and/or pathological reports; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent evaluations from other health care practitioner, as appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024

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Prosthetics and Orthotics	7/1/2024	L6935	BELOW ELBOW OTTO BOCK/ Equal to MYOELEC CNTRL TERM DEVICE	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and progress notes; +Pertinent evaluations from other health care practitioner; +Pertinent civaliations other health care practitioners; +Pertinent charls, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L6940	ELBOW DISARTIC OTTO BOCK/ Equa to SWITCH CNTRL TERM DEVC	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +Listory of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent characts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L6945	ELB DISARTIC OTTO BOCK/ Equal to MYOELEC CNTRL TERM DEVC	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history; +Pertinent psychosocial history; +Pertinent evaluations from other health care practitioner; +Pertinent thats, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L6950	ABOVE ELBOW OTTO BOCK/ Equal to	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent plan and progress notes; +Pertinent pychosocial history; +Pertinent pychosocial history; +Pertinent evaluations with the treating practitioner; +Pertinent evaluations from other health care practitioner; +Pertinent exaluations from other health care practitioner; +Pertinent evaluations from other health care practitioner; +Pertinent evaluations; +Rehabilitation evaluation; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L6955	ABOVE ELBOW OTTO BOCK/ Equal to	Information generally required to support authorization decision making includes, but not limited to: *Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem *Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; *Treatment plan and progress notes; *Pertinent psychosocial history; *Pertinent evaluations with the treating practitioner; *Pertinent evaluations from other health care practitioners; *Pertinent exaluations from other health care practitioner; *Pertinent exaluations; *Information regarding the local delivery system; and *Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024

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Prosthetics and Orthotics	7/1/2024	L6960	SHLDR DISARTIC OTTO BOCK/ Equal to SWTCH CNTRL TERM DEVC	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent genometry of the presenting problem -Information and progress notes; +Pertinent revaluations from other health care practitioner; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations revaluations; -Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L6965	SHOULDR DISARTIC OTTO BOCK/ Equal to MYOELEC CNTRL TERM	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical example -Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent disgnostic testing results, operative and/or pathological reports; +Pretinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent revaluations from other health care practitioners and providers; +Pertinent tevaluations from other health care practitioners and providers; +Pertinent revaluations (given evaluations); Hofformation regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L6970	INTERSCAP-THOR OTTO BOCK/ Equa to SWTCH CNTRL TERM DEVC	Information generally required to support authorization decision making includes, but not limited to:	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L6975	INTERSCAP-THOR OTTO BOCK/ Equa to MYOELEC CNTRL TERM DVC	Information generally required to support authorization decision making includes, but not limited to: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +-History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent plan and progress notes; -Pertinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent characts, graphs or photographic information, as appropriate; -Rehabilitation evaluations; -Information negarding the local delivery system; and -Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L7007	ELECTRIC HAND SWITCH/MYOELECTRIC CONTROL ADULT	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent dignostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pretinent dignostic testing results, operative and/or pathological reports; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners; -Pertinent exats, graphs or photographic information, as appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Prosthetics and Orthotics	7/1/2024	L7008	ELECTRIC HAND SWITCH/MYOELECTRIC CNTRL PEDIATRIC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Cinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L7009	ELECTRIC HOOK SWITCH/MYOELECTRIC CONTROL ADULT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent results or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L7040	PREHENSILE ACTUATOR SWITCH CONTROLLED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent result on sufficient or support of the formation, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L7045	ELEC HOOK SWITCH/MYOELECTRIC CONTOL PEDIATRIC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L7170	ELECTRONIC ELBOW HOSMER/EQUAL SWITCH CONTROLLED	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent plan and progress notes; -Pertinent part and progress notes; -Pertinent psychosocial history; -Pertinent evaluations from other health care practitioner; -Pertinent charac, graphs or photographic information, as appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Prosthetics and Orthotics	7/1/2024	L7180	ELEC ELB MICROPRC SEQENTIAL CNTRL ELB AND TERM DEVC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical seam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners; •Pertinent owners; •Information aveluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L7181	ELEC ELB MICROPRC SIMULTAN CNTRL ELB AND TERM DEVC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical seam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Ireatment plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluation regarbs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L7185	ELEC ELB ADOLES VRITY VILLAGE/EQUAL SWITCH CNTRL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent pay and consultations with the treating practitioner; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners; •Pertinent orealization evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L7186	ELEC ELB CHILD VRITY VILLAGE/EQUAL SWITCH CNTRL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	7/1/2024	L7190	ELEC ELB ADOLES VRITY VILLAGE/ Equal to MYOELEC CNTRL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent plan and progress notes; •Pertinent plan and consultations with the treating practitioner; •Information and consultations with the treating practitioner; •Pertinent tarks, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Prosthetics and Orthotics	7/1/2024	L7191	ELEC ELB CHLD VRITY VILL/ Equal to MYOELECTRNICALY CNTRL	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent psychosocial history; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Pertinent readuations from other health care practitioners; +Pertinent readuations from other health care practitioners and providers; +Pertinent nervaluations from other health care practitioners and providers; +Pertinent charts, graphs or photographic information, as appropriate; *Achabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	9/11/2024
Prosthetics and Orthotics	Prior to 9/1/2019	L7259	ELECTRONIC WRIST ROTATOR ANY TYPE	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pretinent psychosocial history; =Pertinent psychosocial history; =Information and consultations with the treating practitioner; =Pertinent revaluations from other health care practitioners and providers; =Pertinent revaluations from other health care practitioners; =Pertinent revaluations regarding the local delivery system; and =Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/2024
Prosthetics and Orthotics	Prior to 9/1/2019	L8614	COCHLEAR DEVICE INCLUDES ALL INT AND EXT COMPONENTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent part and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/2024
Prosthetics and Orthotics	Prior to 9/1/2019	L8692	AUDITORY OSSEOINTEGRATED DEV EXT SOUND BODY WORN	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent chark, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/2024
Prosthetics and Orthotics	Prior to 9/1/2019	\$1040	CRANIAL REMOLDING ORTHOTIC PED RIGID CUSTOM FAB	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent paychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioner; +Pertinent evaluations from other health care practitioner; +Pertinent evaluations from other health care practitioner; +Pertinent evaluations; +Rethabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/2024

Service Category Notes	Effective Date	Code Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Radiation Therapy and Radio Surgery	Prior to 9/1/2019	81479 UNLISTED MOLECULAR PATHOLOG PROCEDURE	 V Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress nots; Pertinent evaluations from other health care practitioner; Pertinent evaluations from other health care practitioner and providers; Pertinent evaluations ris; Information regarding the local delivery system; and Patient characteristics and information. 	Third Party Proprietary Criteria	2/21/2024
Radiation Therapy and Radio Surgery	Prior to 9/1/2019	81503 ONCO (OVARIAN) BIOCHEMICAL ASSAY FIVE PROTEINS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent nervelowers; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Radiation Therapy and Radio Surgery	Prior to 9/1/2019	81599 UNLISTED MULTIANALYTE ASSAY ALGORITHMIC ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent evaluations into the treating practitioner; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent net evaluations from other health care practitioners and providers; •Pertinent net evaluations from other health care practitioners and providers; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/2024
Speech Therapy	Prior to 9/1/2019	92507 TX SPEECH LANG VOICE COMMJ AND AUDITORY PROC IND	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent torus, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual Participating Providers: Initial evaluation does not require pric authorization. All visits after th point require prior authorization Non-participating Providers: Al visits require prior authorization	or at 1.
Speech Therapy	Prior to 9/1/2019	92508 TX SPEECH LANGUAGE VOICE COMMJ AUDITRY 2 OR GRT INDIV	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual Participating Providers: Initial evaluation does not require pric authorization. All visits after th point require prior authorization Non-participating Providers: All visits require prior authorization	at 1.

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized		Date of Annual Review
Speech Therapy	4/1/2020	92526	TX SWALLOWING DYSFUNCTION AND ORAL FUNCJ FEEDING	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent totars, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Participating Providers: Initial evaluation does not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	2/21/202
Speech Therapy	7/1/2023	92630	AUDITORY REHABILITATION PRELINGUAL HEARING LOSS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Participating Providers: Initial evaluation does not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	
Speech Therapy	7/1/2023	92633	AUDITORY REHABILITATION POSTLINGUAL HEARING LOSS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent resultations from other health care practitioners and providers; •Pertinent nervice nervice nervices and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Participating Providers: Initial evaluation does not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	
Speech Therapy	Prior to 9/1/2019	\$9152	SPEECH THERAPY RE-EVALUATION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical example: •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent resultion regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Participating Providers: Initial evaluation does not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	0537T	CAR-T THERAPY HRVG BLD DRV T LMPHCYT PR DAY	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent dignostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Treatment plan and progress notes; -Treatment plan and progress notes; -Information and consultations with the treating practitioner; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent tests, graphs or photographic information, as appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Molina Clinical Policy: Abecma (idecabtagene vicleucel) Breyanzi (lisocabtagene maraluecel); Carvykti (clitacabtagene autoleucel); Kymriah (tisagenlecleucel); Tecartus (brexucabtagene autoleucel); Yescarta (axicabtagene ciloleucel) (Car-T-cell);		2/21/20

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	0538T	CAR-T THERAPY PREPJ BLD DRV T LMPHCYT F TRNS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioner, and providers; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Abecma (idecabtagene vicleucel) Breyanzi (lisocabtagene maraluecel); Carvykti (clitacabtagene autoleucel); Kymriah (tisagenlecleucel); Tecartus (brexucabtagene autoleucel); Yescarta (axicabtagene ciloleucel) (Car-T-cell);	2/21/202
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	0539T	CAR-T THERAPY RECEIPT AND PREF	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioner, as appropriate; •Rehabilitation regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Abecma (idecabtagene vicleucel) Breyanzi (lisocabtagene maraluecel); Carvykti (clitacabtagene autoleucel); Kymriah (tisagenlecleucel); Tecartus (brevucabtagene autoleucel); Yescarta (axicabtagene ciloleucel) (Car-T-cell);	2/21/202
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	0540T	CAR-T THERAPY AUTOLOGOUS CELL ADMINISTRATION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; eInformation and consultations with the treating practitioner; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; eInformation regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Abecma (idecabtagene vicleucel) Breyanzi (lisocabtagene maraluecel); Carvykti (olitacabtagene autoleucel); Kymriah (tisagenlecleucel); Tecartus (brexucabtagene autoleucel); Yescarta (axicabtagene ciloleucel) (Car-T-cell);	2/21/202
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	4/1/2020	0584T	PERCUTANEOUS ISLET CELL TRANSPLANT	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem =Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent totarts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information evaluations; +Information evaluations.	Molina Clinical Policy: Pancreas Transplant Procedures	2/21/202
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	4/1/2020	0585T	LAPAROSCOPIC ISLET CELL TRANSPLANT	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent testings or photographic information, as appropriate; +Rehabilitation evaluations; +Information evaluations; +Information evaluations; +Information evaluations; +Information evaluations.	Molina Clinical Policy: Pancreas Transplant Procedures	2/21/20:

Service Category Notes	Effective Date	Code Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annua Review
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	4/1/2020	0586T OPEN ISLET CELL TRANSPLANT	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical learn; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pretrinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations from other health care practitioners and providers; • Rehabilitation regarding the local delivery system; and • Patient characteristics and information.	Molina Clinical Policy: Pancreas Transplant Procedures	2/21/20
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	10/1/2019	32552 SURGICAL PROCEDURES OF TI LUNG AND PLEURA	E Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +listory of the presenting problem -Clinical learn; +Pertinent diagnostic testing results, operative and/or pathological reports; +Terastment plan and progress notes; +Pertinent psychosocial history; Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent charts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/21/20
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	10/1/2019	32850 SURGICAL PROCEDURES OF TI LUNG AND PLEURA	E Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent plan and progress notes; •Pertinent sequations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/20
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	10/1/2019	32851 SURGICAL PROCEDURES OF TI LUNG AND PLEURA	E Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent charls, graphs or photographic information, as appropriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information.	Third Party Proprietary Criteria	2/21/20
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	10/1/2019	32852 SURGICAL PROCEDURES OF TI LUNG AND PLEURA	[E Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/21/20

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	10/1/2020	32853	LUNG TRANSPLANT 2 W O CARDIOPULMONARY BYPASS	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pertinent plan and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations; • Information regarding the local delivery system; and • Patient characteristics and information.	Third Party Proprietary Criteria		2/21/20
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	10/1/2019	32854	SURGICAL PROCEDURES OF THE LUNG AND PLEURA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; #Information and consultations with the treating practitioner; *Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent devaluations from other health care practitioners; •Pertinent devaluations; •Pertinent devaluations; •Pertinent devaluations; •Pertinent devaluations; •Pertinent devaluations; •Pertinent devaluations; •Pertinent devaluations; •Pertinent devaluations; •Pertinent devaluations; •Pe	Third Party Proprietary Criteria		2/21/202
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	10/1/2019	32855	SURGICAL PROCEDURES OF THE LUNG AND PLEURA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pan and progress notes; •Pertinent psychosocial history; #Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/20:
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	10/1/2019	32856	SURGICAL PROCEDURES OF THE LUNG AND PLEURA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluation sylam othors; •Pertinent overlautions; •Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria		2/21/20:
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	10/1/2019	33929	REMOVAL TOTAL RPLCMT HEART SYS FOR HEART TRNSPL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent polycoscolal history; +Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent tealuations from other health care practitioners and providers; •Pertinent dards, ragnator or photographic information, as papropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Heart Transplantation with a Total Artificial Heart (TAH)		2/21/20

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	10/1/2019	33930	DONOR CARDIECTOMY - PNEUMONECTOMY	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent cluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information evaluations; •Information evaluations.	Molina Clinical Policy: Heart Transplantation; Lung Transplantation		2/21/20
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	10/1/2019	33933	BKBENCH PREPJ CADAVER DONOR HEART/LUNG ALLOGRAFT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •Litory of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Heart Transplantation; Lung Transplantation		2/21/20
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	10/1/2019	33935	HEART-LUNG TRNSPL W/RECIPIENT CARDIECTOMY-PNUMEC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent torshis or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Heart Transplantation; Lung Transplantation		2/21/20
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	10/1/2019	33940	OBTAINING DONOR CADAVER HEART	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •Litory of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Heart Transplantation		2/21/20
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	10/1/2019	33944	PREP OF DONOR HEART FOR TRANSPLANT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Heart Transplantation		2/21/20

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	10/1/2019	33945	HEART TRANSPLANT W/WO RECIPIENT CARDIECTOMY	Information generally required to support authorization decision making includes, but not limited to: *Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; *History of the presenting problem <clinical earn;<br="">*Pertinent diagnostic testing results, operative and/or pathological reports; *Pertinent diagnostic testing results, operative and/or pathological reports; *Pertinent psychosocial history; *Pertinent psychosocial history; *Information and consultations with the treating practitioner; *Pertinent chalsions from other health care practitioners; *Pertinent chals, graphs or photographic information, as appropriate; *Information regarding the local delivery system; and *Patient characteristics and information.</clinical>	Molina Clinical Policy: Heart Transplantation		2/21/2024
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	1/1/2021	33995	INSJ PERQ VAD W/RS and I R HEART VENOUS ACCESS ONLY	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical earns; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent chards, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	38205	BLD-DRV HEMATOP PROGEN CELL HRVG TRNSPLI ALGNC	Information generally required to support authorization decision making includes, but not limited to: *Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; *History of the presenting problem *Clinical exam; *Pertinent diagnostic testing results, operative and/or pathological reports; *Pertinent plan and progress notes; *Pertinent plan and consultations with the treating practitioner; *Pertinent evaluations from other health care practitioner; *Pertinent exal, sgraphs or photographic information, as appropriate; *Retination regarding the local delivery system; and *Patient characteristics and information.	Molina Clinical Policies: Hematopoietic Stem Cell Transplantation for Hematologic Cancers; Hematopoietic Stem Cell Transplantation for Hematologic Disorders; Hematopoietic Stem Cell Transplantation for Non-Cancerou Diseases; Hematopoietic Stem Cell Transplantation for Solid Tumors		2/21/2024
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	38206	BLD-DRV HEMATOP PROGEN CELL HRVG TRNSPLI AUTOL	Information generally required to support authorization decision making includes, but not limited to: *Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; *History of the presenting problem *Derical exam; *Pertinent diagnostic testing results, operative and/or pathological reports; *Pertinent plan and progress notes; *Pertinent plan and consultations with the treating practitioner; *Pertinent evaluations from other health care practitioners and providers; *Pertinent chars, graphs or photographic information, as appropriate; *Rehabilitation evaluations; *Information regarding the local delivery system; and *Patient characteristics and information.	Molina Clinical Policies: Hematopoietic Stem Cell Transplantation for Hematologic Cancers; Hematopoietic Stem Cell Transplantation for Non-Cancerou Diseases; Hematopoietic Stem Cell Transplantation for Solid Tumors; Stem Cell Therapy for Orthopedic Applications		2/21/2024
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	38230	BONE MARROW HARVEST TRANSPLANTATION ALLOGENEIC	Information generally required to support authorization decision making includes, but not limited to: *Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; *History of the presenting problem *Clinical exam; *Pertinent diganostic testing results, operative and/or pathological reports; *Pertinent diganostic testing results, operative and/or pathological reports; *Treatment plan and progress notes; *Pertinent displanciations with the treating practitioner; *Pertinent exaluations from other health care practitioner; *Pertinent exaluations or photographic information, as appropriate; *Rehabilitation evaluations; information regarding the local delivery system; and *Patient characteristics and information.	Molina Clinical Policies: Hematopoietic Stem Cell Transplantation for Hematologic Cancers; Hematopoietic Stem Cell Transplantation for Non-Cancerou Diseases; Hematopoietic Stem Cell Transplantation for Solid Tumors; Stem Cell Therapy for Orthopedic Applications		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annua Review
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	38240	TRNSPLJ ALLOGENEIC HEMATOPOIETIC CELLS PER DONOR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical earn; •Pertinent glagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent plano and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Hematopoietic Stem Cell Transplantation for Hematologic Cancers; Hematopoietic Stem Cell Transplantation for Hematologic Disorders; Hematopoietic Stem Cell Transplantation for Non-Cancerous Diseases; Hematopoietic Stem Cell Transplantation for Solid Tumors		2/21/20
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	38241	TRNSPLJ AUTOLOGOUS HEMATOPOIETIC CELLS PER DONOR	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + listory of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pertinent paychosocial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioner; • Pertinent evaluations; • Pertinent evaluations; • Rehabilitation evaluations; • Information argaining the local delivery system; and • Patient characteristics and information.	Molina Clinical Policy: Hematopoietic Stem Cell Transplantation for Hematologic Cancers; Hematopoietic Stem Cell Transplantation for Non-Cancerous Diseases; Hematopoietic Stem Cell Transplantation for Solid Tumors; Stem Cell Therapy for Orthopedic Applications		2/21/20
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	38242	ALLOGENEIC LYMPHOCYTE INFUSIONS	Information generally required to support authorization decision making includes, but not limited to: < Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +ilistory of the presenting problem < Clinical exam; > Pertinent glan and progress notes; > Treatment plan and progress notes; > Pertinent poly-boscial history; = Information and consultations with the treating practitioner; > Pertinent evaluations from other health care practitioner; > Pertinent evaluations; > Pertinent evaluations; = Information evaluations; = Information realing local delivery system; and + Patient characteristics and information.	Molina Clinical Policy: Donor Lymphocyte Infusion; Hematopoietic Stem Cell Transplantation for Hematologic Cancers; Hematopoietic Stem Cell Transplantation for Hematologic Disorders; Hematopoietic Stem Cell Transplantation for Non-Cancerous Diseases; Hematopoietic Stem Cell Transplantation for Solid Tumors		2/21/20
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	38243	TRNSPLJ HEMATOPOIETIC CELL BOOST	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical earn; •Pertinent glagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent plano and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations for other health care practitioners and providers; •Rehabilitation evaluations; •Information reading the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Hematopoietic Stem Cell Transplantation for Hematologic Cancers; Hematopoietic Stem Cell Transplantation for Hematologic Disorders; Hematopoietic Stem Cell Transplantation for Non-Cancerous Diseases; Hematopoietic Stem Cell Transplantation for Solid Tumors		2/21/20
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	10/1/2019	44137	RMVL TRNSPLED INTESTINAL ALLOGRAFT COMPL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent sychosocial history; •Pertinent chaltons from other health care practitioner; •Pertinent chalts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Small Bowel Transplantation, Small Bowel and Liver Transplantation, and Multivisceral Transplantation		2/21/2

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	44715	BKBENCH PREP CADAVER LIVING DONOR INTESTINE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history: •Information and consultations with the reating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from ther health care practitioners and providers; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Small Bowel Transplantation, Small Bowel and Liver Transplantation, and Multivisceral Transplantation		2/21/2024
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	44720	BKBENCH RCNSTJ INT ALGRFT VEN ANAST EA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent pain and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent resultion evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Small Bowel Transplantation, Small Bowel and Liver Transplantation and Multivisceral Transplantation		2/21/2024
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	44721	BKBENCH RCNSTJ INT ALGRFT ARTL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners and providers; •Pertinent herafts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Small Bowel Transplantation, Small Bowel and Liver Transplantation and Multivisceral Transplantation		2/21/2024
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	47133	DONOR HEPATECTOMY CADAVER DONOR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the training practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent tevaluations from other health care practitioners and providers; •Pertinent torist, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Liver Transplantation Adult Pediatric and/or Small Bowel multivisceral Transplantation		2/21/2024
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	47135	LVR ALTRNSPLJ ORTHOTOPIC PRTL WHL DON ANY AGE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Liver Transplantation Adult Pediatric and/or Small Bowel multivisceral Transplantation		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Anr Review
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	47140	DONOR HEPATECTOMY LIVING DONOR SEG II AND III	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Liver Transplantation	2/21/
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	47141	DONOR HEPATECTOMY LIVING DONOR SEG II III AND IV	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent availation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Liver Transplantation	2/21/
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	47142	DONOR HEPATECTOMY LIVING DONOR SEG V VI VII AND VI	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent oreal paths or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Liver Transplantation	2/21/
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	47143	BKBENCH PREP CADAVER DONOR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Cinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Liver Transplantation Adult Pediatric and/or Small Bowel multivisceral Transplantation	2/21/
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	47144	BKBENCH PREPJ CADAVER WHOLE LIVER GRF I AND IV VII	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; Pertiment diagnostic testing results, operative and/or pathological reports; Pertiment diagnostic testing results, operative and/or pathological reports; Pertiment pisychosocial history; Information and consultations with the treating practitioner; Pertiment tarks graphs or photographic information, as appropriate; Pertiment thats, graphs or photographic information regarding the local delivery system; and Patient characteristics and information.	Molina Clinical Policy: Liver Transplantation Adult Pediatric and/or Small Bowel multivisceral Transplantation	2/21/

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	47145	BKBENCH PREPJ CADAVER DONOR WHL LVR GRF I AND V VI	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history; •Information and consultations with the treating practitioner; •Pertinent exhalations from other health care practitioners and providers; •Pertinent exhalations from other health care practitioners and providers; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Liver Transplantation Adult Pediatric and/or Small Bowel multivisceral Transplantation		2/21/2024
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	47146	BKBENCH RCNSTJ LVR GRF VENOUS ANAST EA	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent explosional history; +Information and consultations with the treating practitioner; +Pertinent chaladisons for other health care practitioners; +Pertinent chals, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Liver Transplantation Adult Pediatric and/or Small Bowel multivisceral Transplantation		2/21/2024
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	47147	BKBENCH RCNSTJ LVR GRF ARTL	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent diagnostic strong results, operative and/or pathological reports; +Pertinent psychosocial history; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent chards, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Liver Transplantation Adult Pediatric and/or Small Bowel multivisceral Transplantation		2/21/2024
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	48160	PANCREATECTOMY W TRNSPLJ PANCREAS ISLET CELLS	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent gasnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations form other health care practitioners and providers; •Pertinent thats, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information negarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Pancreas Transplantation Procedures Pancreatic Islet Cell Transplantation (Autologous)		2/21/2024
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	48550	DONOR PANCREATECTOMY DUODENAL SGM TRANSPLANT	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent chards, graphs or photographic information, as appropriate; +Rehabilitation regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Pancreas Transplantation Procedures; Small Bowel Multivisceral Transplantation		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	48551	BKBENCH PREPJ CADAVER DONOR PANCREAS ALLOGRAFT	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent charls, graphs or photographic information, as appropriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information.	Molina Clinical Policy: Pancreas Transplantation Procedures Pancreatic Islet Cell Transplantation (Autologous)		2/21/2024
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	48552	BKBENCH RCNSTJ CDVR PNCRS ALGRFT VEN ANAST EA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent net evaluations from other health care practitioners and providers; •Pertinent net evaluations from other health care practitioners and providers; •Pertinent net evaluations from other health care practitioners and providers; •Pertinent net evaluations from other health care practitioners and providers; •Pertinent cards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Pancreas Transplantation Procedures Pancreatic Islet Cell Transplantation (Autologous)		2/21/2024
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	48554	TRANSPLANTATION PANCREATIC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +Ilistory of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent nerding evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Pancreas Transplantation Procedures Pancreatic Islet Cell Transplantation (Autologous) Small Bowel Multivisceral Transplantation		2/21/2024
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	48556	RMVL TRANSPLANTED PANCREATIC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +Ilistory of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent torist, graphs or photographic information, as appropriate; •Pertinent carding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Pancreas Transplantation Procedures Pancreatic Islet Cell Transplantation (Autologous)		2/21/202
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	50300	DONOR NEPHRECTOMY CADAVER DONOR UNI BILATERAL	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Treatment plan and progress notes; +Pertinent physhoscial history; Information and consultations with the treating practitioner; +Pertinent charls, graphs or photographic linformation as appropriate; +Rehabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Kidney Transplantation Pancreas Transplantation Procedures		2/21/202

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	50320	DONOR NEPHRECTOMY OPEN LIVING DONOR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Kidney Transplantation Pancreas Transplantation Procedures		2/21/2024
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	50323	BKBENCH PREPJ CADAVER DONOR RENAL ALLOGRAFT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent results; •Pertinent nervals or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Kidney Transplantation Pancreas Transplantation Procedures Pancreatic Islet Cell Transplantation (Autologous)		2/21/2024
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	50325	BKBENCH PREPJ LIVING RENAL DONOR ALLOGRAFT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent nervals or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Kidney Transplantation Pancreas Transplantation Procedures Pancreatic Islet Cell Transplantation (Autologous)		2/21/2024
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	50327	BKBENCH RCNSTJ RENAL ALGRFT VENOUS ANAST EA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent testing support of the reating practitioner; •Pertinent testing support of the reating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Kidney Transplantation Pancreas Transplantation Procedures Pancreatic Islet Cell Transplantation (Autologous)		2/21/2024
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	50328	BKBENCH RCNSTJ RENAL ALLOGRAFT ARTERIAL ANAST EA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent results or botographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Kidney Transplantation		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	50329	BKBENCH RCNSTJ ALGRFT URETERA ANAST EA	Information generally required to support authorization decision making includes, but not limited to: *Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; *History of the presenting problem •Clinical exam; *Pertinent diagnostic testing results, operative and/or pathological reports; *Pertinent pychosocial history; *Pertinent pychosocial history; *Information and consultations with the treating practitioner; *Pertinent charts, graphs or photographic information, as appropriate; *Rehabilitation evaluations; *Information regarding the local delivery system; and *Patient characteristics and information.	Molina Clinical Policy: Kidney Transplantation		2/21/2024
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	50340	RECIPIENT NEPHRECTOMY SEPARATE PROCEDURE	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical examples of the presenting problem +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent diagnostic testing results, operative and/or pathological reports; +Pretinent psychosocial history; +Information and progress notes; +Pertinent evaluations from other health care practitioner; +Pertinent tradits, graphs or photographic information, as appropriate; +Rehabilitation evaluations; Hoformation regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Kidney Transplantation Pancreas Transplantation Procedures		2/21/2024
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	50360	RENAL ALTRNSPLJ IMPLTJ GRF W O RCP NEPHRECTOMY	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and progress notes; +Pertinent evaluations from other health care practitioner; +Pertinent evaluations from other health care practitioners; +Pertinent tharts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Kidney Transplantation Pancreas Transplantation Procedures		2/21/2024
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	50365	RENAL ALTRNSPLJ IMPLTJ GRF W RCP NEPHRECTOMY	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent thats, graphs or photographic information, as appropriate; +Rehabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Kidney Transplantation Pancreas Transplantation Procedures		2/21/2024
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	50370	RMVL TRNSPLED RENAL ALLOGRAFT	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent psychosocial history; +Information and progress notes; +Pertinent evaluations from other health care practitioner; +Pertinent evaluations from other health care practitioners; +Pertinent chards, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Kidney Transplantation Pancreas Transplantation Procedures		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	50380	RENAL AUTOTRNSPLJ REIMPLANTATION KIDNEY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from the health care practitioners and providers; •Pertinent evaluations; •Pertinent	Molina Clinical Policy: Kidney Transplantation		2/21/20
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	10/1/2024	C9172	FIDANACOGENE ELAPARVOVEC- DZKT (BEQVEZ)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertiment diagnostic testing results, operative and/or pathological reports; •Pertiment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent carlaulations from other health care practitioners and providers; •Pertinent dards, graphs or photographic information, as appropriate; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Beqvez (fidanacogene elaparvovec)	Limited to once per lifetime	
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	10/1/2023	J1304	INJECTION, TOFERSEN, 1 mg	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical seam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent overlaudions; •Pertinent evaluations; •Pertinent evaluation; •Pertinent evaluation; •Pertinen	Texas Medicaid Provider Procedure Manual	Limited to once per lifetime	2/21/20
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	11/1/2023	J1411	INJ ETRANACOGENE DEZAPARVOVEC-DRLB PER THR DOSE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical seam; •Pertiment diagnostic testing results, operative and/or pathological reports; •Pertiment plan and progress notes; •Pertiment plan and progress notes; •Pertiment evaluations from other health care practitioner; •Pertiment evaluations from other health care practitioners and providers; •Pertiment evaluations from other health care practitioners and providers; •Pertiment evaluations from other health care practitioners; •Pertiment evaluation regards of photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	Limited to once per lifetime	2/21/20
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	1/1/2024	J1412	INJ VALOCTOCOGENE ROXAPARVOVEC (ROCTAVIAN)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent transt, graphs or photographic information, as appropriate; •Pertinent tharts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Pertinent the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	Limited to once per lifetime	2/21/20

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	1/1/2024	J1413	INJ DELANDISTROGENE MOXEPARVOVEC-ROKL (ELEVIDYS) PER THR DOSE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent psychosocial history; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	Limited to once per lifetime	2/21/20
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	7/1/2024	13393	Betibeglogene Autotemcel (Zynteglo)	Information generally required to support authorization decision making includes, but not limited to: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; - History of the presenting problem - Clinical exam; - Pertinent diagnostic testing results, operative and/or pathological reports; - Treatment plan and progress notes; - Pertinent psychosocial history; - Information and consultations with the reating practitioner; - Pertinent totars, graphs or photographic information, as appropriate; - Rehabilitation regarding the local delivery system; and + Patient characteristics and information.	Molina Clinical Policy: Zynteglo	Limited to once per lifetime	9/11/20
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	7/1/2024	J3394	Lovotibeglogene Autotemcel (Lyfgenia)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Lyfgenia	Limited to once per lifetime	9/11/20
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	2/1/2023	13399	INJECTION, ONASEMNOGENE ABEPARVOVEC, PER TX, UP TO 5x10^15 VECTOR GENOMES	Information generally required to support authorization decision making includes, but not limited to: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem - Clinical exam; + Pertinent diagnostic testing results, operative and/or pathological reports; - Treatment plan and progress notes; - Pertinent psychosocial history; - Information and consultations with the treating practitioner; - Pertinent charts, graphs or photographic information, as appropriate; - Rehabilitation evaluations; - Information regarding the local delivery system; and - Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/21/20
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	1/1/2024	J3401	INJECTION, VYJUVEK (BEREMAGENE GEPERPAVEC-SVDT)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent path and progress notes; •Pertinent paychosocial history; •Information and consultations with the treating practitioner; •Pertinent exaluations from other health care practitioners and providers; •Pertinent exaluations from other health care practitioner; and providers; •Pertinent exaluations from other health care practitioner, and providers; •Pertinent exaluations from other health care apartition, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Limited to once per lifetime	2/21/20

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	1/1/2024	J9029	INJECTION, NADOFARAGENE FIRADENOVEC-VNCG, PER THERAPEUTIC DOSE (ADSTILADRIN)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history: =Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charat, graphs or photographic information, as appropriate; *Rehabilitation evaluations; =Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Limited to once per lifetime	2/21/2024
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	Q2041	KTE-C19 TO 200 M A ANTI-CD19 CAR POS T CE P TD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chaluations from other health care practitioners and providers; •Pertinent chars, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Kymriah (tisagenlecleucel) Chimeric Antigen Receptor T cell Therapy; Kymriah (Tisagenlecleucel) (CAR-T Cell Therapy); Yescarta Chimeric Antigen Receptor T cell Therapy; Yescarta (axicabtagene ciloleucel) (Car-T-cell)		2/21/2024
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	Q2042	TISAGENLECLEUCEL TO 600 M CAR- POS VI T CE PER TD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent ganoatic progress notes; •Pertinent psychosocial history: Information and consultations with the treating practitioner; •Pertinent chaluations from other health care practitioners; •Pertinent chaluations from other health care practitioners and providers; •Pertinent chars, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Kymriah (tisagenlecleucel) Chimeric Antigen Receptor T cell Therapy; Kymriah (Tisagenlecleucel) (CAR-T Cell Therapy); Yescarta Chimeric Antigen Receptor T cell Therapy; Yescarta (axicabtagene ciloleucel) (Car-T-cell)		2/21/2024
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	Q2043	SIPULEUCEL-T AUTO CD54 PLUS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; *Pertinent psychosocial history; Information and consultations with the treating practitioner; +Pertinent chalatons from other health care practitioners; +Pertinent chalatons from other health care practitioner; +Pertinent chalatons from other health care practitioner; +Pertinent chalatons; information regarding the local delivery system; and +Patient characterstics and information.	Molina Clinical Policy: Provenge (Sipuleucel-T)		2/21/2024
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	7/1/2021	Q2053	BREXUCABTAGENE CAR POST	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioner; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and Information.	Molina Clinical Policy: Tecartus (brexucabtagene autoleucel)		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	1/1/2022	Q2054	LM GT OR EQUAL TO 110 MIL AUTOI ANTI-CD19 CAR-POS VIABL T	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; *History of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chals.graphs or photographic information, as appropriate; *Rehabilitation evaluations; •Information regarding the local delivery system; and *Patient characteristics and information.	Molina Clinical Policy: Breyanzi (lisocabtagene maraleucel; liso-cel)		2/21/2024
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	1/1/2023	Q2056	CILTACABTAGENE AUTOLEUCEL TO 100 M BCMA PER TX D	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Pertinent charls, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/21/2024
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	\$2053	TRANSPLANTATION SMALL INTESTINE AND LIVER ALLOGRAFTS	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem =Clinical exam; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pertinent and progress notes; =Pertinent psychosocial history; =Information and consultations with the treating practitioner; =Pertinent evaluations from other health care practitioners and providers; =Pertinent evaluations from other health care practitioners and providers; =Pertinent calls, graphs or photographic information, as appropriate; =Information regarding the local delivery system; and =Patient characteristics and information.	Molina Clinical Policy: Small Bowel Multivisceral Transplantation		2/21/2024
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	S2054	TRANSPLANTATION OF MULTIVISCERAL ORGANS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; *Pertinent thats, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Small Bowel Multivisceral Transplantation		2/21/2024
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	\$2055	HARVEST DONOR MX-VISCERAL ORGAN; CADVER DONOR	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and progress notes; +Pertinent evaluations from other health care practitioner; +Pertinent evaluations from other health care practitioners; +Pertinent charls, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Small Bowel Multivisceral Transplantation		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	\$2060	LOBAR LUNG TRANSPLANTATION	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent psychosocial history; +Pertinent psychosocial history; +Pertinent chalations from other health care practitioner; +Pertinent chalations from other health care practitioner; +Pertinent chals, graphs or photographic information, as appropriate; +Rehabilitation regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Lung Transplantation	2/21/20
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	\$2061	DONOR LOBECTOMY FOR TRANSPLANTATION LIVING DONOR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Perfinent diagnostic testing results, operative and/or pathological reports; •Perfinent psychosocial history: •Perfinent psychosocial history: •Information and consultations with the treating practitioner; •Perfinent chalants, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Lung Transplantation	2/21/20
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	\$2065	SIMULTANEOUS PANCREAS KIDNEY TRANSPLANTATION	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem = Clinical exam; = Pertinent diagnostic testing results, operative and/or pathological reports; = Pertinent psychoscial history; = Pertinent psychoscial history; = Information and consultations with the treating practitioner; = Pertinent evaluations from other health care practitioner; = Pertinent charls, graphs or photographic information, as appropriate; = Nethaltitation evaluations; = Information regarding the local delivery system; and = Patient characteristics and information.	Molina Clinical Policy: Pancreas Transplantation Procedures	2/21/20:
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	\$2107	ADOPTIVE IMMUNOTHERAPY PER COURSE OF TREATMENT	Information generally required to support authorization decision making includes, but not limited to: <urrent (up="" 6="" adequate="" and="" as:="" history="" hospital="" months),="" office="" patient="" records;<br="" related="" requested="" services="" such="" the="" to="">+listory of the presenting problem <urrent and="" diagnostic="" operative="" or="" pathological="" reports;<br="" results,="" testing="">+Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; enformation and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent chars, graphs or photographic information, as appropriate; +Rehabilitation evaluations; information regarding the local delivery system; and +Patient characteristics and information.</urrent></urrent>	Third Party Proprietary Criteria	2/21/20
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	S2140	CORD BLOOD HARVESTING TRANSPLANTATION ALLOGENEIC	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent glan and progress notes; +Treatment plan and progress notes; +Pertinent physhoscial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners; +Pertinent evaluations; +Refment chars; graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Hematopoietic Stem Cell Transplantation for Hematologic Cancers; Hematopoietic Stem Cell Transplantation for Hematologic Disorders; Hematopoietic Stem Cell Transplantation for Non-Cancerous Diseases; Hematopoietic Stem Cell Transplantation for Solid Tumors	2/21/20

Service Category Notes	Effective Date	Code Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	S2142 CORD BLD-DERIVED STEM-CELL TPLNT ALLOGENEIC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent gasnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; enformation and consultations with the treating practitioner; •Pertinent psychosocial histor health care practitioner; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Hematopoietic Stem Cell Transplantation for Hematologic Cancers; Hematopoietic Stem Cell Transplantation for Hematologic Disorders; Hematopoietic Stem Cell Transplantation for Non-Cancerous Diseases; Hematopoietic Stem Cell Transplantation for Solid Tumors	2/21/2024
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	S2150 BN MARROW BLD DERIVD STEM CELLS HARV TPLNT AND COMP;	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent pachastic testing such that the reating practitioner; +Information and consultations with the treating practitioner; +Pertinent exaluations from other health care practitioners and providers; +Pertinent exaluations from other health care practitioners and providers; +Rethabilitation evaluations; +Information evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Hematopoietic Stem Cell Transplantation for Hematologic Cancers; Hematopoietic Stem Cell Transplantation for Hematologic Disorders; Hematopoietic Stem Cell Transplantation for Non-Cancerous Diseases; Hematopoietic Stem Cell Transplantation for Solid Tumors	2/21/2024
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	S2152 SOLID ORGAN; TRANSPLANTATION AND RELATED COMP	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Treatment plan and progress notes; +Information and consultations with the treating practitioner; +Pertinent exoluations from other health care practitioner; and providers; +Pertinent exoluations from other health care practitioner; and providers; +Refnabilitation evaluations; +Information evaluations; +Information evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Heart Transplantation; Kidney Transplantation; Liver Transplantation Adult Pediatric; Lung Transplantation Adult Pediatric; Pancreas Transplantation Procedures; Pancreatic Islet Cell Allotransplantation; Small Bowel Multivisceral Transplantation	2/21/2024
Transportation Services: Prior Authorization is required for Non-Emergent Ambulance transportation services. nergency transport does not require prior authorization when submitted with ET modifier.	4/10/2023	A0382 BLS ROUTINE DISPOSABLE SUPPLIES	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem =Clinical exam; =Pertinent diagnostic testing results, operative and/or pathological reports; =Treatment plan and progress notes; =Pertinent psychosocial history; =Information and consultations with the reating practitioner; =Pertinent evaluations from other health care practitioners and providers; =Pertinent evaluations from other health care practitioner, and providers; =Pertinent evaluations from other health care practitioners and providers; =Rehabilitation regarding the local delivery system; and =Information regarding the local delivery system; and =Patient characteristics and information.	Texas Medicaid Provider Procedures Manual Prior Authorization is not required for emergency transport when submitted with Emergency Transport (ET) modifier. Prior Authorization is required for non-emergency transport an requests submitted without the ET modifier.	
Transportation Services: Prior Authorization is required for Non-Emergent Ambulance transportation services. nergency transport does not require prior authorization when submitted with ET modifier.	4/10/2023	A0398 ALS ROUTINE DISPOSABLE SUPPLIES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent grychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from whet health care practitioners and providers; •Pertinent evaluations from brotographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual Prior Authorization is not required for emergency transport when submitted with Emergency Transport (ET) modifier. Prior Authorization is required for non-emergency transport an requests submitted without the ET modifier.	2/21/2024 d

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized		Date of Annual Review
Transportation Services: Prior Authorization is required for Non-Emergent Ambulance transportation services. Emergency transport does not require prior authorization when submitted with ET modifier.	4/10/2023	A0420	AMBULANCE WAITING TIME ONE- HALF HOUR INCREMENTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; eInformation and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; *Rehabilitation evaluations; •Information regarding the local delivery system; and *Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Prior Authorization is not required for emergency transport when submitted with Emergency Transport (ET) modifier. Prior Authorization is required for non-emergency transport and requests submitted without the ET modifier.	2/21/2024
Transportation Services: Prior Authorization is required for Non-Emergent Ambulance transportation services. Emergency transport does not require prior authorization when submitted with ET modifier.	4/10/2023	A0422	AMB OXYGEN AND O2 SUPPLIES LIFI SUSTAINING SITUATION	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Pertinent psychosocial history; +Pertinent evaluations from other health care practitioner; +Pertinent charts, graphs or photographic information, as appropriate; +Rehabilitation regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Prior Authorization is not required for emergency transport when submitted with Emergency Transport (ET) modifier. Prior Authorization is required for non-emergency transport and requests submitted without the ET modifier.	2/21/2024
Transportation Services: Prior Authorization is required for Non-Emergent Ambulance transportation services. Emergency transport does not require prior authorization when submitted with ET modifier.	4/10/2023	A0424	EXTRA AMBULANCE ATTENDANT GROUND OR AIR	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical earn; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent extualizations from other health care practitioners and providers; +Pertinent evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Prior Authorization is not required for emergency transport when submitted with Emergency Transport (ET) modifier. Prior Authorization is required for non-emergency transport and requests submitted without the ET modifier.	2/21/2024
Transportation Services: Prior Authorization is required for Non-Emergent Ambulance transportation services. Emergency transport does not require prior authorization when submitted with ET modifier.	4/10/2023	A0425	GROUND MILEAGE PER STATUTE MILE	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent gapostic notes; +Pertinent sychosocial history; +Information and consultations with the treating practitioner; +Pertinent exaluations from other health care practitioners and providers; +Pertinent exaluations from other health care practitioners and providers; +Pertinent exaluations from other health care practitioners and propriate; +Rehabilitation evaluations; +Information negarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Prior Authorization is not required for emergency transport when submitted with Emergency Transport (ET) modifier. Prior Authorization is required for non-emergency transport and requests submitted without the ET modifier.	2/21/2024
Transportation Services: Prior Authorization is required for Non-Emergent Ambulance transportation services. Emergency transport does not require prior authorization when submitted with ET modifier.	Prior to 9/1/2019	A0426	AMB SERVICE ALS NONEMERGENCY TRANSPORT LEVEL 1	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +Listory of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent that, graphs or photographic information, as appropriate; +Rehabilitation evaluations; Hinformation regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Prior Authorization is not required for emergency transport when submitted with Emergency Transport (ET) modifier. Prior Authorization is required for non-emergency transport and requests submitted without the ET modifier.	2/21/2024

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Transportation Services: Prior Authorization is required for Non-Emergent Ambulance transportation services. Emergency transport does not require prior authorization when submitted with ET modifier.	4/10/2023	A0427	MB SERVICE ALS EMERGENCY TRANSPORT LEVEL 1	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical earm; •Pertinent plan and progress notes; •Pertinent pychosocial history; endformation and consultations with the treating practitioner; •Pertinent planations from other health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Rethabilitation evaluations; •Information evaluations; •Informat	Texas Medicaid Provider Procedures Manual	Prior Authorization is not required for emergency transport when submitted with Emergency Transport (ET) modifier. Prior Authorization is required for non-emergency transport and requests submitted without the ET modifier.	2/21/2024
Transportation Services: Prior Authorization is required for Non-Emergent Ambulance transportation services. Emergency transport does not require prior authorization when submitted with ET modifier.	Prior to 9/1/2019	A0428	AMBULANCE SERVICE BLS NONEMERGENCY TRANSPORT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history: •Information and consultations with the treating practitioner; •Pertinent chalkadions from other health care practitioners and providers; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Prior Authorization is not required for emergency transport when submitted with Emergency Transport (ET) modifier. Prior Authorization is required for non-emergency transport and requests submitted without the ET modifier.	2/21/2024
Transportation Services: Prior Authorization is required for Non-Emergent Ambulance transportation services. Emergency transport does not require prior authorization when submitted with ET modifier.	4/10/2023	A0429	AMBULANCE SERVICE BLS EMERGENCY TRANSPORT	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent paychosocial history; +Pertinent paychosocial history; +Information and consultations with the treating practitioner; +Pertinent chards, graphs or photographic information, as appropriate; +Rehabilitation regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Prior Authorization is not required for emergency transport when submitted with Emergency Transport (ET) modifier. Prior Authorization is required for non-emergency transport and requests submitted without the ET modifier.	2/21/2024
Transportation Services: Prior Authorization is required for Non-Emergent Ambulance transportation services. Emergency transport does not require prior authorization when submitted with ET modifier.	Prior to 9/1/2019	A0430	AMB SERVICE CONVNTION AIR SRVC TRANSPORT 1 WAY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chalsdoors from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Prior Authorization is not required for emergency transport when submitted with Emergency Transport (ET) modifier. Prior Authorization is required for non-emergency transport and requests submitted without the ET modifier.	2/21/2024
Transportation Services: Prior Authorization is required for Non-Emergent Ambulance transportation services. Accessory codes not listed require approval of base BLS/ALS transport for claims payment. Emergency transport does not require prior authorization when submitted with ET modifier.	Prior to 9/1/2019	A0431	AMB SERVICE CONVNTION AIR SRVC TRANSPORT 1 WAY	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history; =Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners; +Pertinent evaluations for other health care practitioners; +Pertinent charls, graphs or photographic information, as appropriate; *Rehabilitation evaluations; =Information negarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Prior Authorization is not required for emergency transport when submitted with Emergency Transport (ET) modifier. Prior Authorization is required for non-emergency transport and requests submitted without the ET modifier.	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized		Date of Annual Review
Transportation Services: Prior Authorization is required for Non-Emergent Ambulance transportation services. Accessory codes not listed require approval of base BLS/ALS transport for claims payment. Emergency transport does not require prior authorization when submitted with ET modifier.	4/10/2023	A0433	ADVANCED LIFE SUPPORT LEVEL 2	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem =Clinical earm; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pertinent psychosocial history; =Pertinent psychosocial history; =Information and consultations with the treating practitioner; =Pertinent charts, graphs or photographic information, as appropriate; =Rehabilitation evaluations; =Information regarding the local delivery system; and =Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Prior Authorization is not required for emergency transport when submitted with Emergency Transport (ET) modifier. Prior Authorization is required for non-emergency transport and requests submitted without the ET modifier.	2/21/2024
Transportation Services: Prior Authorization is required for Non-Emergent Ambulance transportation services. Accessory codes not listed require approval of base BLS/ALS transport for claims payment. Emergency transport does not require prior authorization when submitted with ET modifier.	4/10/2023	A0434	SPECIALTY CARE TRANSPORT	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent dagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent chalactors from other health care practitioners and providers; +Pertinent chards, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Prior Authorization is not required for emergency transport when submitted with Emergency Transport (ET) modifier. Prior Authorization is required for non-emergency transport and requests submitted without the ET modifier.	2/21/2024
Transportation Services: Prior Authorization is required for Non-Emergent Ambulance transportation services. Accessory codes not listed require approval of base BLS/ALS transport for claims payment. Emergency transport does not require prior authorization when submitted with ET modifier.	4/10/2023	A0435	FIXED WING AIR MILEAGE PER STATUTE MILE	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent exaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners, and providers; +Pertinent evaluations from othorgraphic information, as appropriate; +Rehabilitation regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Prior Authorization is not required for emergency transport when submitted with Emergency Transport (ET) modifier. Prior Authorization is required for non-emergency transport and requests submitted without the ET modifier.	2/21/2024
Transportation Services: Prior Authorization is required for Non-Emergent Ambulance transportation services. Accessory codes not listed require approval of base BLS/ALS transport for claims payment. Emergency transport does not require prior authorization when submitted with ET modifier.	4/10/2023	A0436	ROTARY WING AIR MILEAGE PER STATUTE MILE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Prior Authorization is not required for emergency transport when submitted with Emergency Transport (ET) modifier. Prior Authorization is required for non-emergency transport and requests submitted without the ET modifier.	2/21/2024
Transportation Services: Prior Authorization is required for Non-Emergent Ambulance transportation services. Accessory codes not listed require approval of base BLS/ALS transport for claims payment. Emergency transport does not require prior authorization when submitted with ET modifier.	4/10/2023	G2022	MDL PRTCP BENEFICIARY REFUSES SRVC COVR UND MDL	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent graduations from stores; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent chaluations from other health care practitioners and providers; +Pertinent chards, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Prior Authorization is not required for emergency transport when submitted with Emergency Transport (ET) modifier. Prior Authorization is required for non-emergency transport and requests submitted without the ET modifier.	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Transportation Services: Prior Authorization is required for Non-Emergent Ambulance transportation services. Accessory codes not listed require approval of base BLS/ALS transport for claims payment. Emergency transport does not require prior authorization when submitted with ET modifier.	Prior to 9/1/2019	S9960	AMB SERVICE AIR NONEMERGENCY 1 WAY FIXED WING	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent gan and progress notes; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Transportation Services: Prior Authorization is required for Non-Emergent Ambulance transportation services. Accessory codes not listed require approval of base BLS/ALS transport for claims payment. Emergency transport does not require prior authorization when submitted with ET modifier.	Prior to 9/1/2019	59961	AMB SERVICE AIR NONEMERGENCY 1 WAY ROTARY WING	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent giagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Pertinent psychosocial history; •Pertinent character pathological report; •Pertinent characts; graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/21/2024
Transportation Services: Prior Authorization is required for Non-Emergent Ambulance transportation services. Accessory codes not listed require approval of base BLS/ALS transport for claims payment. Emergency transport does not require prior authorization when submitted with ET modifier.	1/1/2022	T2002	NON EMERGENCY TRANSPORTATION; PER DIEM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent paychosocial history; •Information and consultations with the treating practitioner; •Pertinent exaluations from other health care practitioner; •Pertinent exaluations from other health care practitioner; •Pertinent exaluations; •Information evaluations; •Information evaluation; •	Texas Medicaid Provider Procedures Manual	Prescribed Pediatric Extended Care Center (PPECC) Benefit	2/21/2024
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	1/1/2022	0708T	INTRADERMAL CANCER IMMNTX PREP and 1ST INJECTION	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pretinent grychosocial history; -Pertinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent chards; graphs or photographic information, as appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Additional information is required to define this code and determine criteria.		2/21/2024
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	1/1/2022	0709T	INTRADERMAL CANCER IMMNTX EACH ADDL INJECTION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.		2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	17999	UNLISTED PX SKIN MUC MEMBRAN AND SUBQ TISSUE	E Information generally required to support authorization decision making includes, but not limited to: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem - Clinical exam; - Pertinent diagnostic testing results, operative and/or pathological reports; - Treatment plan and progress notes; - Pertinent psychosocial history; - Information and consultations with the treating practitioner; - Pertinent evaluations from other health care practitioners and providers; - Pertinent evaluations from other health care practitioners and providers; - Pertinent evaluations from other health care practitioners and providers; - Pertinent evaluations from other health care practitioners and providers; - Pertinent evaluations from other health care practitioners and providers; - Information regarding the local delivery system; and - Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	19499	UNLISTED PROCEDURE BREAST	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent revaluations regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	21089	UNLISTED MAXILLOFACIAL PROSTHETIC PROCEDURE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations; •Pertinent evaluations; •Pertinent readult on the relation; •Pertinent nevaluations; •Pertinent nevaluations; •Pertinent chards; graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	21299	UNLISTED CRANIOFACIAL AND MAXILLOFACIAL PROCEDURE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	22899	UNLISTED PROCEDURE SPINE	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent plan and progress notes; -Pertinent paychosocial history; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent tarks, graphs or photographic information, as appropriate; -Rechabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	22999	UNLISTED PX ABDOMEN MUSCULOSKELETAL SYSTEM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment pan da progress notes; •Pertinent psychosocial history; eInformation and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and #Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	23929	UNLISTED PROCEDURE SHOULDER	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pretinent generation and progress notes; -Pertinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent revaluations from other health care practitioners and providers; -Pertinent revaluations from other health care practitioners and providers; -Pertinent revaluations (generative) information, as appropriate; -Rechabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	26989	UNLISTED PROCEDURE HANDS FINGERS	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent diagnostic testing results, operative and/or pathological reports; +Pretinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations from other health care practitioners and propriate; +Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	27299	UNLISTED PROCEDURE PELVIS HIP JOINT	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Cinical earns -Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent diagnostic testing results, operative and/or pathological reports; +Pretinent psychosocial history; +Pertinent psychosocial history; +Pertinent evaluations from other health care practitioner; +Pertinent tealuations from other health care practitioners; +Pertinent tealuations from other health care practitioner; +Pertinent negation evaluations; information regarding the local delivery system; and +Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	29999	UNLISTED PROCEDURE ARTHROSCOPY	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent plan and progress notes; -Pertinent pan and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent evaluations from other health care practitioners and providers; -Pertinent characts; graphs or photographic information, as appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024

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Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	30999 UNLISTED PROCEDURE NOSE	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem =Clinical exam; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pertinent psychosocial history; =Pertinent psychosocial history; =Information and consultations with the treating practitioner; =Pertinent exaluations from other health care practitioners; =Pertinent evaluations from other health care practitioners; =Information regarding the local delivery system; and =Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	37501 UNLISTED VASCULAR ENDOSCOPY PROCEDURE	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical earns +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent diagnostic testing results, operative and/or pathological reports; +Pretinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations (s; +Pertinent cards; graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	37799 UNLISTED PROCEDURE VASCULAR SURGERY	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent plan and progress notes; +Pertinent part and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent thats, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	38129 UNLISTED LAPAROSCOPY PROCEDURE SPLEEN	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent plan and progress notes; +Pertinent pay and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent chards, graphs or photographic information, as appropriate; *Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	38589 UNLISTED LAPAROSCOPY PX LYMPHATIC SYSTEM	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent plan and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent charts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024

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Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	38999 UNLISTED PROCEDURE HEMIC OR LYMPHATIC SYSTEM	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem (-Clinical earm); +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent charts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	39499 UNLISTED PROCEDURE MEDIASTINUM	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent genostic testing results, operative and/or pathological reports; +Pretinent psychosocial history; +Information and progress notes; +Pertinent evaluations from other health care practitioner; +Pertinent tradits, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	39599 UNLISTED PROCEDURE DIAPHRAGM	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent characteristics and hotographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	40799 UNLISTED PROCEDURE LIPS	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent charts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	41599 UNLISTED PROCEDURE TONGUE FLOOR MOUTH	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent plan and progress notes; +Pertinent plan and consultations with the treating practitioner; +Information and consultations with the treating practitioner; +Pertinent characts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024

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Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	42299	UNLISTED PROCEDURE PALATE UVULA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment pan and progress notes; •Pertinent psychosocial history; •Information and consultations with the reating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and +Information regarding the local delivery system; and *Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	43499	UNLISTED PROCEDURE ESOPHAGUS	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations from other health care practitioners and providers; +Pertinent charts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; Hinformation regarding the local delivery system; and +Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	43659	UNLISTED LAPAROSCOPIC PROCEDURE STOMACH	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent tharts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; Hinformation regarding the local delivery system; and +Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	43999	UNLISTED PROCEDURE STOMACH	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent traits, graphs or photographic information, as appropriate; +Rehabilitation evaluations; Information negarding the local delivery system; and +Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	45399	UNLISTED PROCEDURE COLON	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent plan and progress notes; +Pertinent part and progress notes; +Pertinent paychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent charls, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024

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Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	47579	UNLISTED LAPAROSCOPY PROCEDURE BILIARY TRACT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and +Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	47999	UNLISTED PROCEDURE BILIARY TRACT	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretiment graphs not progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent treats, graphs or photographic information, as appropriate; •Rehabilitation evaluations; Hoformation regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	49999	UNLISTED PROCEDURE ABDOMEN PERITONEUM AND OMENTUM	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent tharts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; Hoformation regarding the local delivery system; and +Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	54699	UNLISTED LAPAROSCOPY PROCEDURE TESTIS	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent tharts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	55559	UNLISTED LAPROSCOPY PROCEDUR SPERMATIC CORD	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent plan and progress notes; +Pertinent paychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent charts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	55899	UNLISTED PROCEDURE MALE GENITAL SYSTEM	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem =Clinical exam; =Pertinent diagnostic testing results, operative and/or pathological reports; =Treatment plan and progress notes; >Pertinent psychosocial history; =Information and consultations with the treating practitioner; =Pertinent evaluations from other health care practitioners and providers; =Pertinent evaluations from other health care practitioners and providers; =Information regarding the local delivery system; and =Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	58578	UNLISTED LAPAROSCOPY PROCEDURE UTERUS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent revaluations from other health care practitioners and providers; •Pertinent revaluations from other health care practitioners and providers; •Pertinent revaluations revaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	58679	UNLISTED LAPAROSCOPY PROCEDURE OVIDUCT OVARY	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent plan and progress notes; +Pertinent pak nod progress notes; +Pertinent pak nod consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent charts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; information regarding the local delivery system; and +Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	58999	UNLISTED PX FEMALE GENITAL SYSTEM NONOBSTETRICAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent gian and progress notes; •Pertinent psychosoial history; •Information and consultations; with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	60699	UNLISTED PROCEDURE ENDOCRINE SYSTEM	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent plan and progress notes; +Pertinent pan and progress notes; +Pertinent pan and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent charts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024

Service Category Notes	Effective Date	Code Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	64999 UNLISTED PROCEDURE NERVOUS SYSTEM	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical earn; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent agnostic setting results, operative and/or pathological reports; +Pertinent psychosocial history; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent exhalizations from other health care practitioners and providers; +Pertinent exhalts, graphs or photographic information, as appropriate; +Information regarding the local delivery system; and +Patient characteristics and information.	Additional information is required to define this code and determine criteria. Molina Clinical Policy: Radiofrequency Ablation (RFA) for Chronic Back Pain Associated with the Facet Joint	2/21/2024
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	67299 UNLISTED PROCEDURE POSTERIOR SEGMENT	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +Listory of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent characteristics and information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	68899 UNLISTED PROCEDURE LACRIMAL SYSTEM	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent payschosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent thats, graphs or photographic information, as appropriate; +Rehabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	77799 UNLISTED PROCEDURE CLINICAL BRACHYTHERAPY	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent plan and progress notes; +Pertinent pythosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners; +Pertinent evaluations from other health care practitioners and providers; +Pertinent chards, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	87797 IADNA NOS DIRECT PROBE TQ EACH ORGANISM	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent plan and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners; +Pertinent charts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024

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Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	87798	IADNA NOS AMPLIFIED PROBE TQ EACH ORGANISM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the realing practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and +Information regarding the local delivery system; and +Patient characteristics and information.	Additional information is required to define this code and No prior auth required up to 3 determine criteria. per day.	
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	87799	IADNA NOS QUANTIFICATION EACH ORGANISM	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical earn; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretiment graychosocial history; +Information and progress notes; +Pertinent evaluations from other health care practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent tracks, graphs or photographic information, as appropriate; +Rehabilitation evaluations; Hoformation regarding the local delivery system; and +Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	87899	IAADIADOO NOT OTHERWISE SPECIFIED	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent revaluations from other health care practitioners; +Pertinent revaluations from other health care practitioners; +Pertinent charls; graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	88299	UNLISTED CYTOGENETIC STUDY	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent thats, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	88399	UNLISTED SURGICAL PATHOLOGY PROCEDURE	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent paychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent charts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024

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Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	93799	UNLISTED CARDIOVASCULAR SERVICE PROCEDURE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Inicial easam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history: Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	95999	UNLIS NEUROLOGICAL NEUROMUSCULAR DX PX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical seam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent cover a protographic information, as appropriate; •Archabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	96549	UNLISTED CHEMOTHERAPY PROCEDURE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history: Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Aehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	7/1/2023	97039	UNLIST MODALITY SPEC TYPE AND TIME CONSTANT ATTEND	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •Ilistory of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	7/1/2023	97139	UNLISTED THERAPEUTIC PROCEDURE SPECIFY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history: Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Aehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and Prior auth required after initial determine criteria.	2/21/2024

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Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	97799	UNLISTED PHYSICAL MEDICINE REHAB SERVICE PROC	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent psychosocial history; +Information and consultations with the reating practitioner; -Pertinent charts, graphs or photographic information, as appropriate; -Rehabilitation regarding the local delivery system; and +Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	99499	UNLISTED EVALUATION AND MANAGEMENT SERVICE	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history; Information and consultations with the treating practitioner; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations; Herkhabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	99600	UNLISTED HOME VISIT SERVICE PROCEDURE	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; -Information and progress notes; -Pertinent revaluations from other health care practitioner; -Pertinent revaluations from other health care practitioners and providers; -Pertinent revaluations from other health care practitioners and providers; -Pertinent revaluations; -Rehabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	A0999	UNLISTED AMBULANCE SERVICE	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem C-Cinical example -Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent diagnostic testing results, operative and/or pathological reports; +Pretinent psychosocial history; +Pertinent psychosocial history; +Pertinent evaluations from other health care practitioner; +Pertinent tealuations from other health care practitioners; +Pertinent tealuations from other health care practitioners; +Pertinent charts, graphs or photographic information, as appropriate; =Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024
Unlisted/Miscellaneous codes: Aolina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	A4421	OSTOMY SUPPLY; MISCELLANEOUS	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diganostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; -Pertinent dynchoscial history; +Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners; -Pertinent evaluations from other health care practitioners; -Pertinent tracks, graphs or photographic information, as appropriate; -Rehabilitation evaluations; +Information evaluations; +Information evaluations; +Information evaluations; +Information evaluations; +Information evaluations; +Information evaluations; +Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024

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Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	A6262 WOUND FILLER DRY FORM PER G NOT OTHERWISE SPEC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent testings or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	7/1/2022	A9291 PRESCRIPTION DIGITAL BT FDA CLEARED PER CRS TX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical easis •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent tevaluations from other health care practitioners and providers; •Pertinent nervalues of the results of the support	Additional information is required to define this code and determine criteria.	2/21/2024
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	A9699 RADIOPHARMACEUTICAL THERAPEUTIC NOC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent tests of protographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	5/20/2020	A9900 DME SUP ACCESS SRV-COMPON OTH HCPCS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	A9999 MISCELLANEOUS DME SUPPLY OR ACCESSORY NOS	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent plan and progress notes; +Pertinent psychosocial history; =Information and consultations with the treating practitioner; =Pertinent evaluations from other health care practitioners and providers; +Pertinent charls, graphs or photographic information, as appropriate; =Rehabilitation evaluations; =Information regarding the local delivery system; and +Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024

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Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	B9998 NOC FOR ENTERAL SUPPLIES	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem =Clinical exam; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pertinent synchosocial history; =Pertinent psychosocial history; =Information and consultations with the treating practitioner; =Pertinent exaluations from other health care practitioners and providers; =Pertinent exaluations from other health care practitioners and providers; =Pertinent exaluations from other health care practitioners and providers; =Rehabilitation regarding the local delivery system; and =Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	E0769 ESTIM ELECTROMAGNETIC WOUND TREATMENT DEVC NOC	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical examples of the presenting problem +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent genostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations (j); Hoformation regarding the local delivery system; and +Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	E0770 FES TRANSQ STIM NERV AND MUSC GRP CMPL SYS NOS	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent plan and progress notes; +Pertinent pay and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent charact, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	E1399 DURABLE MEDICAL EQUIPMENT MISCELLANEOUS	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent part and consultations with the treating practitioner; +Pertinent part and consultations with the treating practitioner; +Pertinent characts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	J3490 UNCLASSIFIED DRUGS	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent part and consultations with the treating practitioner; +Pertinent part and consultations with the treating practitioner; +Pertinent characts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	13590	UNCLASSIFIED BIOLOGICS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; *History of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and +Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019		IMMUNOSUPPRESSIVE DRUG NOT OTHERWISE CLASSIFIED	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Cinical eases +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent gasnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and progress notes; +Pertinent evaluations from other health care practitioner; +Pertinent tradits, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019		NOC DRUGS INHALATION SOLUTION ADMINED THRU DME	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent plan and progress notes; +Pertinent plan and consultations with the treating practitioner; +Information and consultations with the treating practitioner; +Pertinent thats, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019		NOC RX OTH THAN INHALATION RX ADMINED THRU DME	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent plan and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent thats, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information negarding the local delivery system; and +Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019		COMPOUNDED DRUG NOT OTHERWISE CLASSIFIED	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent characteristics and information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Additional information is required to define this code and determine criteria. Bevacizumab when billed for intraocular injection does not require a PA	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	J8597	ANTIEMETIC DRUG ORAL NOT OTHERWISE SPECIFIED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Inicial exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; +Pertinent psychosocial history: Information and consultations with the reating practitioner; +Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other hospital constraint, as appropriate; •Rehabilitation regarding the local delivery system; and +Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	K0812	POWER OPERATED VEHICLE NOT OTHERWISE CLASSIFIED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations rom other health care practitioners and providers; •Pertinent orealitor evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	K0898	POWER WHEELCHAIR NOT OTHERWISE CLASSIFIED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +Uistory of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent paychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent oralises and protographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	K0899	PWR MOBILTY DVC NOT CODED DME PDAC NOT MEET CRIT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •Ilistory of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations row other health care practitioner, •Pertinent evaluations row other health care practitioner, as appropriate; •Pertinent nevaluation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	L0999	ADD TO SPINAL ORTHOTIC NOT OTHERWISE SPECFIED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent paychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Achabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	L1499	SPINAL ORTHOTIC NOT OTHERWISE SPECIFIED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent character practice reporting the practitioner and providers; •Pertinent to evaluations from other health care practitioners and providers; •Pertinent characts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	L2999	LOWER EXTREMITY ORTHOSES NOT OTHERWISE SPECIFIED	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical earn; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history; =Information and consultations with the treating practitioner; =Pertinent evaluations from other health care practitioners and providers; =Pertinent tarls, graphs or photographic information, as appropriate; =Rehabilitation evaluations; =Information regarding the local delivery system; and =Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	L3999	UPPER LIMB ORTHOSIS NOT OTHERWISE SPECIFIED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent valuations from other health care practitioners and providers; •Pertinent taylautions from other health care practitioners and providers; •Pertinent carlas, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	L5999		Information generally required to support authorization decision making includes, but not limited to: *Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; *History of the presenting problem *Clinical exam; *Pertinent diagnostic testing results, operative and/or pathological reports; *Treatment plan and progress notes; *Pertinent psychosocial history; *Information and consultations with the treating practitioner; *Pertinent evaluations from other health care practitioners and providers; *Pertinent thats, graphs or photographic information, as appropriate; *Rehabilitation evaluations; *Information regarding the local delivery system; and *Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	L7499	UPPER EXTREMITY PROSTHESIS NOS	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent plan and progress notes; +Pertinent plan and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioner; +Pertinent characts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024

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Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	L8039	BREAST PROSTHESIS NOT OTHERWISE SPECIFIED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent gan and progress notes; =Pertinent psychosocial history; =Pertinent psychosocial history; =Information and consultations with the treating practitioner; =Pertinent evaluations from other health care practitioners and providers; =Pertinent evaluations from other health care practitioners and providers; =Pertinent evaluations from other health care practitioners and providers; =Rehabilitation regarding the local delivery system; and =Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	L8499	UNLISTED PROC MISCELLANEOUS PROSTHETIC SERVICES	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Cinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; -Pertinent psychosocial history; Information and consultations with the treating practitioner; -Pertinent revaluations from other health care practitioners and providers; -Pertinent revaluations from other health care practitioners and providers; -Pertinent revaluations from other health care practitioners and propriate; -Rechabilitation evaluations; Information regarding the local delivery system; and -Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/21/2024
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	L8699	PROSTHETIC IMPLANT NOT OTHERWISE SPECIFIED	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent plan and progress notes; -Pertinent pay and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent transf, graphs or photographic information, as appropriate; -Rechabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	L8701	PWR UE ROM AST DVC ELB WR HAND 1 DBL UP CUS FAB	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Cinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pretinent genostic testing results, operative and/or pathological reports; -Pretinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent testing or photographic information, as appropriate; -Rehabilitation evaluations; -Information negarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: MyoPro Orthosis / Myelectric Upper Extremity Orthosis	2/21/2024
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	L8702	PWR UE ROM AST DVC ELBO WR H FINGER 1 DBL UP CUS	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent dignostic testing results, operative and/or pathological reports; +Preatinent spikosocial history; +Pertinent psychosocial history; +Pertinent evoluations with the treating practitioner; +Pertinent evoluations from other health care practitioners and providers; +Pertinent evoluations from other health care practitioners and providers; +Pertinent charts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information requiring the local delivery system; and +Patient characteristics and information.	Molina Cinical Policy: MyoPro Orthosis / Myelectric Upper Extremity Orthosis	2/21/2024

Service Category Notes	Effective Date	Code Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	Q0508 MISC SUPPLY OR ACCESSORY USE WITH IMPLANTED VAD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent one valuations; •Information evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	4/1/2023	Q3014 TELEHEALTH ORIGINATING SITE FA	Cl Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical seam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Ireatment plan and progress notes; •Pertinent synchoscial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent evaluation regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	Q4082 DRUG OR BIOLOGICAL NOC PART E DRUG CAP	 Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Pertinent plan and progress notes; Pertinent sychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioner; Pertinent evaluations from other health care practitioner; Pertinent on valuations; Information regarding the local delivery system; and Patient characteristics and information. 	Additional information is required to define this code and determine criteria.	2/21/2024
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	Q4100 SKIN SUBSTITUTE NOT OTHERWISE SPECIFIED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent glangostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	S0590 INTEGRAL LENS SERVICE MISC SERVICES REPORTED SEP	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent glan and progress notes; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners, and providers; •Pertinent networks from other health care practitioner, •Pertinent orealizations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024

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Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	1/1/2022	59432	MEDICAL FOODS FOR NONINBORN ERRORS OF METABOLISM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical earny; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history; •Information and consultations with the treating practitioner; •Pertinent chalaudions from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	5/20/2020	T1999	MISC TX ITEMS AND SPL RETAIL PURCHASE NOC	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical earns; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent diagnostic testing results, operative and/or pathological reports; +Pretinent psychosocial history; +Information and progress notes; +Pertinent evaluations from other health care practitioner; +Pertinent evaluations form other health care practitioners and providers; +Pertinent charls, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information negarding the local delivery system; and +Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	T2025	WAIVER SERVICES; NOT OTHERWISE SPECIFIED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations form other health care practitioners; •Pertinent caluations form other health care practitioners; •Pertinent caluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	1/1/2021	T2047	HABILITATION, PREVOCATIONAL, WAIVER; PER 15 MINUTES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Pertinent evaluations from other health care practitioner; •Pertinent chards, graphs or photographic information, as appropriate; •Pertinent chards, graphs or photographic information, as appropriate; •Information regarding the local delivery system; and *Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	T5999	SUPPLY NOT OTHERWISE SPECIFIED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent charls, graphs or photographic information, as appropriate; *Rehabilitation evaluations; •Information regarding the local delivery system; and *Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/21/2024

Service Category Notes	Effective Date	Code Definition	Documentation Requirements Criteria Utilized	Notes	Date of Annual Review
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	1/1/2021	V2524 CONTACT LENS HPI SPH PC ADDITIVE PER LENS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •Linicary of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations regarding the local delivery system; and +Patient characteristics and information.		2/21/2024
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	V2799 VISION ITEM OR SERVICE MISCELLANEOUS	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem - Unincic learn; + Pertinent diagnostic testing results, operative and/or pathological reports; + Pertinent syschosocial history; + Information and consultations with the treating practitioner; + Pertinent valuations (mon ther health care practitioner; + Pertinent charls, graphs or photographic information, as appropriate; + Rehabilitation ergarding the local delivery system; and + Jatient characteristics and information. Additional information Add		2/21/2024
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	V5299 HEARING SERVICE MISCELLANEOUS	 Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical eam; Pertinent diagnostic testing results, operative and/or pathological reports; Pertinent evaluations fom other health care practitioner; Pertinent evaluations fom other health care practitioner; Pertinent evaluations (protographs or photographic information, as appropriate; Rehabilitation regarding the local delivery system; and Patient characteristics and information. 		2/21/2024