



# Medicaid Prior Authorization (PA) Code Matrix for Outpatient Drug Services

## February 1, 2023

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

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

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

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

Most Non-Participating Providers with the exception of some facility based professional services, receipt of ALL services or items from a non-contracted provider in all places of service require approval.

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

- Hospital Emergency Department Services;
- Evaluation and Management services associated with inpatient, ER visits and observation stays;
- Local Health Department (LHD) services
- Other services based on State requirements

Radiologist, Anesthesiologist, and Pathologist professional services when billed in Place of Service Code 19, 21, 22, 23 or 24 (except dental anesthesia for STAR children)

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

The codes below are for Out-Patient services only.

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

Prior authorizations are not required for the following:

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

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

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

Molina covers limited gene therapy services in accordance with our medical policies, subject to Prior Authorization.

### [Medicaid Behavioral Health and Medical Services Prior Authorization Code Matrix](#)

### [Texas Medicaid Provider Procedure Manual Outpatient Drug Services](#)

### [Pharmacy Services Screening Criteria Link](#)

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

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

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

Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Prior to 9/1/2019	90281	IMMUNE GLOBULIN IG HUMAN IM USE	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	90284	IMMUNE GLOBULIN HUMAN SUBQ INFUSION 100 MG EA	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
6/1/2022	90291	Immune Globulin		Texas Medicaid Provider Procedure Manual	Code with Age and/or Diagnosis Requirement	8/31/2022
4/1/2020	90371	Hepatitis B immune globulin (HBIG), human, for intramuscular use	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	90378	RESPIRATORY SYNCYTIAL VIRUS IG IM 50 MG 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 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		2/23/2022
10/1/2019	A9274	EXTERNAL AMB INSULIN DEL SYSTEM DISPOSABLE EA	Information generally required to support authorization decision making includes: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information. CMS DME 5 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. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022

Prior to 9/1/2019	A9542	INDIUM IN-111 IBRITUMOMAB TIUXETAN DX TO 5 MCI	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
4/1/2020	A9604	Samarium sm-153 lexidronam, therapeutic, per treatment dose, up to 150 millicuries	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
4/1/2020	A9606	Radium ra-223 dichloride, therapeutic, per microcurie	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	B4105	IN-LINE CART CTG DIG ENZYME ENTERAL FEEDING EA	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	C9035	INJECTION ARIPIRAZOLE LAUROYL 1 MG	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	C9036	INJECTION PATISIRAN 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 exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
8/1/2022	C9094	Sutimlimab-jome (Enjaymo)		Texas Medicaid Provider Procedure Manual	Code with Age and/or Diagnosis Requirement	8/31/2022
8/1/2022	C9095	Tebentafusp-tebn (Kimmtrak)		Texas Medicaid Provider Procedure Manual	Code with Age and/or Diagnosis Requirement	8/31/2022
Prior to 9/1/2019	C9293	INJECTION GLUCARPIDASE 10 UNITS	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	C9399	UNCLASSIFIED DRUGS OR BIOLOGICALS	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	J0121	INJECTION OMADACYCLINE 1 MG	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022

4/1/2020	J0122	Injection, eravacycline, 1 mg	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	J0129	INJ ABATACEPT 10 MG USED MEDICARE ADM SUPV PHYS	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	J0135	INJECTION ADALIMUMAB 20 MG	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
7/1/2022	J0172	Aducanumabavwa (Aduhelm)	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		8/31/2022
4/1/2022	J0179	Brolucizumab-DBLL (Beovu)		Texas Medicaid Provider Procedure Manual	Code with Age and/or Diagnosis Requirement	8/31/2022
4/1/2021	J0180	Agalsidase beta	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information	Texas Medicaid Provider Procedure Manual		8/31/2022
Prior to 9/1/2019	J0205	INJECTION ALGLUCERASE PER 10 UNITS	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
6/1/2022	J0219	Avalglucosidase Alfa-ngpt (Nexviazyme)	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		8/31/2022
Prior to 9/1/2019	J0220	INJECTION ALGLUCOSIDASE ALFA 10 MG NOS	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	J0221	INJECTION ALGLUCOSIDASE ALFA LUMIZYME 10 MG	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022

Prior to 9/1/2019	J0222	INJECTION PATISIRAN 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 exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
4/1/2022	J0224	Lumasiran (Oxlumo)		Texas Medicaid Provider Procedure Manual	Code with Age and/or Diagnosis Requirement	8/31/2022
1/21/2022	J0248	REMDESIVIR LYOPHILIZED INJECTION (VEKLURY)	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		1/21/2022
4/1/2022	J0291	Plazomicin		Texas Medicaid Provider Procedure Manual	Code with Age and/or Diagnosis Requirement	8/31/2022
Prior to 9/1/2019	J0490	INJECTION BELIMUMAB 10 MG	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	J0517	INJECTION BENRALIZUMAB 1 MG	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	J0584	INJECTION BUROSUMAB-TWZA 1 MG	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	J0585	BOTULINUM TOXIN TYPE A PER 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 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		2/23/2022
Prior to 9/1/2019	J0586	INJECTION ABOBOTULINUMTOXIN A 5 UNITS	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	J0587	INJECTION RIMABOTULINUMTOXIN B 100 UNITS	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	J0588	INJECTION INCOBOTULINUMTOXIN A 1 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 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		2/23/2022
4/1/2022	J0593	Lanadelumab-flyo (Takhzyro)		Texas Medicaid Provider Procedure Manual	Code with Age and/or Diagnosis Requirement	8/31/2022
4/1/2022	J0596	C1 Esterase Inhibitor (Recombinant) (Ruconest)		Texas Medicaid Provider Procedure Manual	Code with Age and/or Diagnosis Requirement	8/31/2022



Prior to 9/1/2019	J0597	INJ C-1 ESTERASE INHIB HUMN BERINERT 10 UNITS	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
4/1/2022	J0598	C1 Esterase Inhibitor (Human) (Cinryze)		Texas Medicaid Provider Procedure Manual	Code with Age and/or Diagnosis Requirement	8/31/2022
4/1/2022	J0599	C1 Esterase Inhibitor (Human) (Haegarda)		Texas Medicaid Provider Procedure Manual	Code with Age and/or Diagnosis Requirement	8/31/2022
Prior to 9/1/2019	J0604	CINACALCET ORAL 1 MG	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	J0637	INJECTION CASPOFUNGIN ACETATE 5 MG	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
4/1/2022	J0691	Lefamulin (Xenleta)		Texas Medicaid Provider Procedure Manual	Code with Age and/or Diagnosis Requirement	8/31/2022
Prior to 9/1/2019	J0695	INJECTION CEFTOLOZANE 50 MG AND TAZOBACTAM 25 MG	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
4/1/2022	J0699	Cefiderocol (Fetroja)		Texas Medicaid Provider Procedure Manual	Code with Age and/or Diagnosis Requirement	8/31/2022
4/1/2022	J0706	Caffeine Citrate (Cafcit)		Texas Medicaid Provider Procedure Manual	Code with Age and/or Diagnosis Requirement	8/31/2022
4/1/2020	J0712	Injection, ceftaroline fosamil, 10 mg	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	J0714	INJECTION CEFTAZIDIME AND AVIBACTAM 0.5 G 0.125 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; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
8/1/2022	J0739	Cabotegravir (Apretude)		Texas Medicaid Provider Procedure Manual	Code with Age and/or Diagnosis Requirement	8/31/2022
4/1/2022	J0741	Cabotegravir and Rilpivirine (Cabenuva)		Texas Medicaid Provider Procedure Manual	Code with Age and/or Diagnosis Requirement	8/31/2022
4/1/2022	J0742	Imipenem, Cilastatin, and Relebactam (Recarbrio)		Texas Medicaid Provider Procedure Manual	Code with Age and/or Diagnosis Requirement	8/31/2022
7/1/2020	J0791	INJECTION, CRIZANLIZUMAB-TMCA, 5 MG	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	J0800	INJECTION CORTICOTROPIN UP TO 40 UNITS	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
6/1/2022	J0850	Cytomegalovirus immune globulin intravenous (human)		Texas Medicaid Provider Procedure Manual	Code with Age and/or Diagnosis Requirement	8/31/2022

Prior to 9/1/2019	J0875	INJECTION DALBAVANCIN 5MG	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	J0878	INJECTION DAPTOMYCIN 1 MG	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	J0881	INJECTION DARBEPOETIN ALFA 1 MCG NON-ESRD USE	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	J0885	INJECTION EPOETIN ALFA FOR NON-ESRD 1000 UNITS	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	J0888	INJECTION EPOETIN BETA 1 MICROGRAM	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
1/1/2021	J0896	INJECTION, LUPATERCEPT-AAMT, 0.25 MG	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	J1290	INJECTION ECALLANTIDE 1 MG	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
7/1/2022	J1300	Eculizumab (Soliris)		Texas Medicaid Provider Procedure Manual	Code with Age and/or Diagnosis Requirement	8/31/2022
Prior to 9/1/2019	J1301	INJECTION EDARAVONE 1 MG	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
7/1/2022	J1303	Ravulizumab-cwvz		Texas Medicaid Provider Procedure Manual	Code with Age and/or Diagnosis Requirement	8/31/2022
4/1/2022	J1305	Evinacumab-dgnb (Evkeeza)		Texas Medicaid Provider Procedure Manual	Code with Age and/or Diagnosis Requirement	8/31/2022
8/1/2022	J1306	Inclisiran (Leqvio)		Texas Medicaid Provider Procedure Manual	Code with Age and/or Diagnosis Requirement	8/31/2022
7/1/2021	J1427	INJECTION, VILTOLARSEN, 10 MG	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022

Prior to 9/1/2019	J1428	INJECTION ETEPLIRSEN 10 MG	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
1/1/2021	J1429	INJECTION, GOLODIRSEN, 10 MG	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	J1442	INJECTION FILGRASTIM EXCLUDES BIOSIMILARS 1 MIC	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	J1447	INJECTION TBO-FILGRASTIM 1 MICROGRAM	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
4/1/2022	J1448	Trilaciclib (Cosela)		Texas Medicaid Provider Procedure Manual	Code with Age and/or Diagnosis Requirement	8/31/2022
Prior to 9/1/2019	J1458	INJECTION GALSULFASE 1 MG	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	J1459	INJ IMMUNE GLOBULIN IV NONLYOPHILIZED 500 MG	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	J1460	INJECTION GAMMA GLOBULIN INTRAMUSCULAR 1 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 psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
7/1/2021	J1554	INJECTION IMMUNE GLOBULIN (ASCENIV), 500 MG	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	J1555	INJECTION IMMUNE GLOBULIN 100 MG	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022

Prior to 9/1/2019	J1556	INJECTION IMMUNE GLOBULIN BIVIGAM 500 MG	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	J1557	INJ IMMUNE GLOBULIN IV NONLYOPHILIZED 500 MG	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	J1559	INJECTION IMMUNE GLOBULIN HIZENTRA 100 MG	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	J1561	INJECTION IMMUNE GLOBULIN NONLYOPHILIZED 500 MG	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	J1562	INJECTION IMMUNE GLOBULIN VIVAGLBIN 100 MG	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	J1566	INJ IG IV LYPHILIZED NOT OTHERWISE SPEC 500 MG	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	J1568	INJ IG OCTOGAM IV NONLYOPHILIZED 500 MG	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	J1569	INJ IG GAMMAGARD LIQ IV NONLYOPHILIZED 500 MG	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	J1571	INJ HEPATITIS B IG HEPAGAM B IM 0.5 ML	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022



Prior to 9/1/2019	J1572	INJ IMMUNE GLOBULIN IV NONLYOPHILIZED 500 MG	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	J1573	INJ HEP B IG HEPAGAM B INTRAVENOUS 0.5 ML	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	J1575	INJ IMMUNE GLOBULIN HYALURONIDASE 100 MG IG	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	J1599	INJ IG IV NONLYOPHILIZED E.G. LIQUID NOS 500 MG	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
10/1/2020	J1632	INJECTION, BREXANOLONE, 1 MG	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	J1640	INJECTION HEMIN 1 MG	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
4/1/2022	J1738	Meloxicam (Anjeso)		Texas Medicaid Provider Procedure Manual	Code with Age and/or Diagnosis Requirement	8/31/2022
Prior to 9/1/2019	J1743	INJECTION IDURSULFASE 1 MG	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	J1744	INJECTION ICATIBANT 1 MG	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	J1745	INJECTION INFLIXIMAB EXCLUDES BIOSIMILAR 10 MG	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022

Prior to 9/1/2019	J1746	INJECTION IBALIZUMAB-UIYK 10 MG	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
1/1/2021	J1823	INJECTION, INEBILIZUMAB-CDON, 1 MG	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	J1826	INJECTION INTERFERON BETA-1A 30 MCG	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	J1830	INJECTION INTERFERON BETA-1B 0.25 MG	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	J1833	INJECTION ISAVUCONAZONIUM 1 MG	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	J1950	INJECTION LEUPROLIDE ACETATE PER 3.75 MG	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
10/1/2021	J1951	INJECTION LEUPROLIDE AC FOR DEPOT SUSP 0.25 MG	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	J2020	INJECTION LINEZOLID 200 MG	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	J2170	INJECTION MECASERMIN 1 MG	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022

Prior to 9/1/2019	J2182	INJECTION MEPOLIZUMAB 1 MG	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	J2186	INJECTION MEROPENEM VABORBACTAM 10 MG 10 MG	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	J2248	INJECTION MICA FUNGIN SODIUM 1 MG	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	J2326	INJECTION NUSINERSEN 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 exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
7/1/2022	J2356	Tezspire (Tezepelumab-ekko)	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		8/31/2022
Prior to 9/1/2019	J2357	INJECTION OMALIZUMAB 5 MG	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
4/1/2020	J2407	Injection, oritavancin, 10 mg	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
4/1/2020	J2770	Injection, quinupristin/dalfopristin, 500 mg (150/350)	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	J2783	INJECTION RASBURICASE 0.5 MG	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022

Prior to 9/1/2019	J2786	INJECTION RESLIZUMAB 1 MG	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	J2787	RIBOFLAVIN 5'-PHOSPHATE OPHTHALMIC SOL TO 3 ML	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
4/1/2022	J2793	Rilonacept (Arcalyst)		Texas Medicaid Provider Procedure Manual	Code with Age and/or Diagnosis Requirement	8/31/2022
Prior to 9/1/2019	J2797	INJECTION ROLAPITANT 0.5 MG	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	J2820	INJECTION SARGRAMOSTIM 50 MCG	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
8/1/2022	J2998	Plasminogen human-tvmh (Ryplazim)		Texas Medicaid Provider Procedure Manual	Code with Age and/or Diagnosis Requirement	8/31/2022
4/1/2022	J3031	Fremanezumab-vfrm (Ajovy)		Texas Medicaid Provider Procedure Manual	Code with Age and/or Diagnosis Requirement	8/31/2022
4/1/2022	J3032	Eptinezumab-JJMR (Vyepti)		Texas Medicaid Provider Procedure Manual	Code with Age and/or Diagnosis Requirement	8/31/2022
Prior to 9/1/2019	J3090	INJECTION TEDIZOLID PHOSPHATE 1 MG	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	J3095	INJECTION TELAVANCIN 10 MG	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	J3111	INJECTION, ROMOSUZUMAB- AQQG, 1 mg	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
10/1/2020	J3241	INJECTION, TEPROTUMUMAB- TRBW, 10MG	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	J3245	INJECTION TILDRAKIZUMAB 1 MG	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022

Prior to 9/1/2019	J3304	INJECT TRIAMCINOLONE ACETONIDE PF ER MS F 1 MG	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	J3355	INJECTION UROFOLLITROPIN 75 IU	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	J3397	INJECTION VESTRONIDASE ALFA-VJBK 1 MG	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	J3398	INJECTION VORETIGENE NEPARVOVEC-RZYL 1 B VEC 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; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
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 psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	J3590	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 exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	J3591	UNCLASS RX BIOLOGICAL USED FOR ESRD ON DIALYSIS	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
4/1/2022	J7168	Prothrombin complex (Human), per I.U. of factor 1x activity (Kcentra)		Texas Medicaid Provider Procedure Manual	Code with Age and/or Diagnosis Requirement	8/31/2022
4/1/2022	J7169	Coagulation factor Xa (Recombinant), Inactivated-zho (Andexxa)		Texas Medicaid Provider Procedure Manual	Code with Age and/or Diagnosis Requirement	8/31/2022
Prior to 9/1/2019	J7196	INJECTION ANTITHROMBIN RECOMBINANT 50 I.U.	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
4/1/2022	J7212	Factor VIIa (Antihemophilic factor, Recombinant)-JNCW (Sevenfact)		Texas Medicaid Provider Procedure Manual	Code with Age and/or Diagnosis Requirement	8/31/2022
Prior to 9/1/2019	J7309	METHYL AMINOLEVULINATE MAL TOP ADMIN 16.8PCT 1 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; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022



Prior to 9/1/2019	J7310	GANCICLOVIR 4.5 MG LONG-ACTING 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 plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	J7311	FLUOCINOLONE ACETONIDE INTRAVITREAL 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 plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	J7318	HYALURONAN DERIVATIVE DUROLANE FOR IA INJ 1 MG	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	J7320	HYALURONAN DERIVATIVE GENVISC 850 IA INJ 1 MG	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	J7321	HYALURONAN OR DERIVATIVE, HYALAGAN, SUPARTZ OR VISCO-3, FOR INTRA-ARTICULAR INJECTION, PER DOSE.	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	J7322	HYALURONAN DERIVATIVE HYMOVIS IA INJ 1 MG	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	J7323	HYALURONAN DERIVATIVE EUFLEXA IA INJ PER DOSE	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	J7324	HYALURONAN DERIV ORTHOVISC IA INJ PER DOSE	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	J7326	HYALURONAN DERIV GEL-ONE INTRA-ARTIC INJ PER DOS	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022

Prior to 9/1/2019	J7327	HYALURONAN DERIVATIVE MONOVISC IA INJ PER DOSE	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	J7328	HYALURONAN DERIVATIVE GELSYN- 3 FOR IA INJ 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 exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	J7329	HYALURONAN DERIVATIVE TRIVISC FOR IA INJ 1 MG	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	J7330	AUTOLOGOUS CULTURED CHONDROCYTES 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 plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
1/1/2020	J7331	HYALURONAN OR DERIVATIVE, SYNOJOINT, FOR INTRA-ARTICULAR INJECTION, 1 mg	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
1/1/2020	J7332	HYALURONAN OR DERIVATIVE, TRILURON, FOR INTRA-ARTICULAR INJECTION, 1 mg	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
4/1/2020	J7336	Capsaicin 8% patch, 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 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		2/23/2022
8/1/2022	J7352	Afamelanotide implant (Scenesse)		Texas Medicaid Provider Procedure Manual	Code with Age and/or Diagnosis Requirement	8/31/2022
Prior to 9/1/2019	J7504	LYMPHCYT IMMUN GLOB EQUINE PARENTERAL 250 MG	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	J7511	LYMPHCYT IMMUN GLOB RABBIT PARENTERAL 25 MG	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022

Prior to 9/1/2019	J7682	TOBRAMYCIN INHAL NON-COMP UNIT DOSE PER 300 MG	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	J7686	TREPROSTINIL INHAL SOLUTION UNIT DOSE 1.74 MG	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	J8499	PRESCRIPTION DRUG ORAL NONCHEMOTHERAPEUTIC NOS	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	J8655	NETUPITANT 300 MG AND PALONSETRON 0.5 MG ORAL	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	J8670	ROLAPITANT ORAL 1 MG	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	J8999	PRESCRIPTION DRUG ORAL CHEMOTHERAPEUTIC NOS	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
1/1/2022	J9021	INJECTION, ASPARAGINASE, RECOMBINANT, (RYLAZE), 0.1MG	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
4/1/2022	J9037	Belantamab Mafodontin-blmf (Blenrep)		Texas Medicaid Provider Procedure Manual	Code with Age and/or Diagnosis Requirement	8/31/2022
4/1/2022	J9061	Amivantamab-vmjw (Rybervant)		Texas Medicaid Provider Procedure Manual	Code with Age and/or Diagnosis Requirement	8/31/2022
Prior to 9/1/2019	J9098	INJECTION CYTARABINE LIPOSOME 10 MG	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
4/1/2022	J9118	Calaspargase Pegol-Mknl (Asparlas)		Texas Medicaid Provider Procedure Manual	Code with Age and/or Diagnosis Requirement	8/31/2022
4/1/2022	J9119	Cemiplimab-rwic (Libtayo)		Texas Medicaid Provider Procedure Manual	Code with Age and/or Diagnosis Requirement	8/31/2022
4/1/2022	J9144	Daratumumab and Hyaluronidase- fihj (Darzalex Faspro)		Texas Medicaid Provider Procedure Manual	Code with Age and/or Diagnosis Requirement	8/31/2022
4/1/2022	J9155	Degarelix (Firmagon)		Texas Medicaid Provider Procedure Manual	Code with Age and/or Diagnosis Requirement	8/31/2022

1/1/2021	J9177	INJECTION, ENFORTUMAB VEDOTIN EJV, 0.25 MG	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	J9204	INJECTION MOGAMULIZUMAB-KPKC 1 MG	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	J9210	INJECTION EMAPALUMAB-LZSG 1 MG	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	J9214	INJECTION INTERFERON ALFA-2B RECOMBINANT 1 M U	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	J9215	INJECTION INTERFERON ALFA-N3 250,000 IU	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	J9216	INJECTION INTERFERON GAMMA-1B 3 MILLION UNITS	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	J9218	LEUPROLIDE ACETATE PER 1 MG	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	Fax to 866-420-3639	2/23/2022
4/1/2022	J9223	Lurbinectedin (Zepzelca)		Texas Medicaid Provider Procedure Manual	Code with Age and/or Diagnosis Requirement	8/31/2022
4/1/2022	J9227	Isatuximab-irfc (Sarclisa)		Texas Medicaid Provider Procedure Manual	Code with Age and/or Diagnosis Requirement	8/31/2022
Prior to 9/1/2019	J9229	INJECTION INOTUZUMAB OZOGAMICIN 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 exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
4/1/2022	J9245	Melphalan (Evomela)		Texas Medicaid Provider Procedure Manual	Code with Age and/or Diagnosis Requirement	8/31/2022
6/1/2022	J9246	Melphalan		Texas Medicaid Provider Procedure Manual	Code with Age and/or Diagnosis Requirement	8/31/2022
4/1/2022	J9266	Pegaspargase (Oncaspar)		Texas Medicaid Provider Procedure Manual	Code with Age and/or Diagnosis Requirement	8/31/2022

Prior to 9/1/2019	J9269	INJECTION TAGRAXOFUSP-ERZS 10 MCG	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
4/1/2022	J9272	Dostarlimab-gxly (Jemperli)		Texas Medicaid Provider Procedure Manual	Code with Age and/or Diagnosis Requirement	8/31/2022
5/1/2022	J9273	Tisotumab Vedotin-tftv (Tivdak)		Texas Medicaid Provider Procedure Manual	Code with Age and/or Diagnosis Requirement	8/31/2022
4/1/2022	J9281	Mitomycin for Pyelocalyceal Solution (Jelmyto)		Texas Medicaid Provider Procedure Manual	Code with Age and/or Diagnosis Requirement	8/31/2022
10/1/2020	J9304	INJECTION PEMETREXED (PEMFEXY) 10 MG	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
4/1/2022	J9309	Polatuzumab vedotin (Polivy)		Texas Medicaid Provider Procedure Manual	Code with Age and/or Diagnosis Requirement	8/31/2022
Prior to 9/1/2019	J9313	INJECTION MOXETUMOMAB PASUDOTOX-TDFK 0.01 MG	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
4/1/2022	J9317	Sacituzumab govitecan-hziy (Trodelvy)		Texas Medicaid Provider Procedure Manual	Code with Age and/or Diagnosis Requirement	8/31/2022
8/1/2022	J9331	Sirolimus protein-bound particles (Fyarro)		Texas Medicaid Provider Procedure Manual	Code with Age and/or Diagnosis Requirement	8/31/2022
8/1/2022	J9332	Efgartigimod alfa-fcab (Vyvgart)		Texas Medicaid Provider Procedure Manual	Code with Age and/or Diagnosis Requirement	8/31/2022
4/1/2022	J9348	Naxitamab-gqgk (Danyelza)		Texas Medicaid Provider Procedure Manual	Code with Age and/or Diagnosis Requirement	8/31/2022
4/1/2022	J9349	Tafasitamab-cxix (Monjuvi)		Texas Medicaid Provider Procedure Manual	Code with Age and/or Diagnosis Requirement	8/31/2022
4/1/2022	J9353	Margetuximab-cmkb (Margenza)		Texas Medicaid Provider Procedure Manual	Code with Age and/or Diagnosis Requirement	8/31/2022
Prior to 9/1/2019	J9355	INJECTION TRASTUZUMAB EXCLUDES BIOSIMILAR 10 MG	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
5/1/2022	J9359	Loncastuximab Tesirine-lpyl (Zynlonta)		Texas Medicaid Provider Procedure Manual	Code with Age and/or Diagnosis Requirement	8/31/2022
Prior to 9/1/2019	J9999	NOT OTHERWISE CLASSIFIED ANTINEOPLASTIC DRUG	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	Bevacizumab when billed for intraocular injection does not require a PA	2/23/2022
9/1/2022	Q2042	Kymriah	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		8/31/2022
6/1/2022	Q2053	Brexucabtagene Autoleucl (TECARTUS)	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		8/31/2022
Prior to 9/1/2019	Q3027	INJECTION INTERFERON BETA-1A 1 MCG IM USE	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022



Prior to 9/1/2019	Q3028	INJECTION INTERFERON BETA-1A 1 MCG SUBQ USE	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	Q5103	INJECTION INFLIXIMAB-DYYB BIOSIMILAR 10 MG	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	Q5104	INJECTION INFLIXIMAB-ABDA BIOSIMILAR 10 MG	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	Q5108	INJECTION PEGFILGRASTIM-JMDB BIOSIMILAR 0.5 MG	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	Q5109	INJECTION INFLIXIMAB-QBTX BIOSIMILAR 10 MG	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	Q5111	INJECTION PEGFILGRASTIM-CBZV BIOSIMILAR 0.5 MG	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	Q5115	INJECTION RITUXIMAB-ABBS BIOSIMILAR 10 MG	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
7/1/2020	Q5120	INJECTION, PEGFILGRASTIM-BMEZ, BIOSIMILAR, (ziextenzo), 0.5 MG	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
1/1/2021	Q5122	INJECTION, PEGFILGRASTIM-APGF, BIOSIMILAR, (NYVEPRIA), 0.5 MG	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information	Texas Medicaid Provider Procedure Manual		2/23/2022

10/1/2021	Q5123	INJECTION RITUXIMAB-ARRX BIOSIMILAR 10 MG	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information	Texas Medicaid Provider Procedure Manual		2/23/2022
1/1/2021	S0013	ESKETAMINE, NASAL SPRAY, 1 MG	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	S0073	INJECTION AZTREONAM 500 MG	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	S0122	INJECTION MENOTROPINS 75 IU	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	S0126	INJECTION FOLLITROPIN ALFA 75 IU	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	S0128	INJECTION FOLLITROPIN BETA 75 IU	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	S0132	INJECTION GANIRELIX ACETATE 250 MCG	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
1/1/2021	S0145	INJECTION, PEGASYS, PEGYLATED INTERFERON ALFA-2A, 180 MCG per ml	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information	Texas Medicaid Provider Procedure Manual		2/23/2022
7/1/2021	S1091	STENT, NON-CORONARY, TEMPORARY, WITH DELIVERY SYSTEM (PROPEL)	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		8/31/2022

Prior to 9/1/2019	E2102	ADJUNCTIVE CONTINUOUS GLUCOSE MONITOR/RECEIVER	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	Replaces K0554 and A9278 starting 1/1/2023	2/23/2022
11/1/2022	J9266	Pegaspargase injection		Texas Medicaid Provider Procedure Manual	Code with Age and/or Diagnosis Requirement	
11/1/2022	Q5125	Filgrastim (Releuko)		Texas Medicaid Provider Procedure Manual	Code with Age and/or Diagnosis Requirement	
11/1/2022	J9298	Nivolumab and relatlimab-rmbw		Texas Medicaid Provider Procedure Manual	Code with Age and/or Diagnosis Requirement	
11/1/2022	J1302	Sutimlimab-jome (Enjaymo)		Texas Medicaid Provider Procedure Manual	Code with Age and/or Diagnosis Requirement	
11/1/2022	J9274	Tebentafusp-tebn (Kimmtrak)		Texas Medicaid Provider Procedure Manual	Code with Age and/or Diagnosis Requirement	
2/1/2023	J0225	Amvuttra (vutrisiran)	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		
2/1/2023	J1426	Antisense oligonucleotides, casimersen (Amondys 45)	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		
2/1/2023	J0491	Anifrolumab-fnia (Saphnelo™)	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		
Prior to 9/1/2019	E2103	Non-adjunctive, non-implanted continuous glucose monitor or receiver.	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	Replaces K0554 and A9278 starting 1/1/2023	2/23/2022