

## **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 Intesive 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. **Criteria Utilized** Effective Date Code Definition Date of Annual **Documentation Requirement** Notes 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	8/31/2022
4/1/2020	90371	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	Diagnosis Requirement	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

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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	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 ARIPIPRAZOLE LAUROXII 1 MG	<ul> <li>Information generally required to support authorization decision making includes, but not limited to:</li> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation regarding the local delivery system; and</li> </ul>	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	C9036	INJECTION PATISIRAN 0.1 MG	Patient characteristics and information. Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient charts dependent of the present o	Texas Medicaid Provider Procedure Manual		2/23/2022
8/1/2022	C9094	Sutimlimab-jome (Enjaymo)	Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	Code with Age and/or	8/31/2022
8/1/2022	C9095	Tebentafusp-tebn (Kimmtrak)		Texas Medicaid Provider Procedure Manual	Diagnosis Requirement 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 plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; 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	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;	Texas Medicaid Provider Procedure Manual	Diagnosis Requirement	8/31/2022
			Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information			
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 charactoristics and information	Texas Medicaid Provider Procedure Manual		2/23/2022
6/1/2022	J0219	Avalglucosidase Alfa-ngpt (Nexviazyme)	Patient characteristics and information. Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; 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;	Texas Medicaid Provider Procedure Manual		2/23/2022
			Information regarding the local delivery system; and Patient characteristics and information.			
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 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	Patient characteristics and information.Information generally required to support authorization decision making includes, but not limited to:Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;History of the presenting problemClinical exam;Pertinent diagnostic testing results, operative and/or pathological reports;Treatment plan and progress notes;Pertinent psychosocial history;Information and consultations with the treating practitioner;Pertinent evaluations from other health care practitioners and providers;Pertinent charts, graphs or photographic information, as appropriate;Rehabilitation regarding the local delivery system; andPatient 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 Prior to 9/1/2019	J0585 J0586	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. MA Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem	Texas Medicaid Provider Procedure Manual		2/23/2022
			Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.			
Prior to 9/1/2019	J0587	INJECTION RIMABOTULINUMTOXINB 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 INCOBOTULINUMTOXII A 1 UNIT	N       Information generally required to support authorization decision making includes, but not limited to:         Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;         History of the presenting problem         Clinical exam;         Pertinent diagnostic testing results, operative and/or pathological reports;         Treatment plan and progress notes;         Pertinent psychosocial history;         Information and consultations with the treating practitioner;         Pertinent evaluations from other health care practitioners and providers;         Pertinent charts, graphs or photographic information, as appropriate;         Rehabilitation regarding the local delivery system; and         Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022

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;	Texas Medicaid Provider Procedure Manual		2/23/2022
			Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information			
4/1/2022	J0598	C1 Esterase Inhibitor (Human)	Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	Code with Age and/or	8/31/2022
4/1/2022	J0599	(Cinryze) C1 Esterase Inhibitor (Human)		Texas Medicaid Provider Procedure Manual	Diagnosis Requirement Code with Age and/or	8/31/2022
Prior to 9/1/2019	J0604	(Haegarda) CINACALCET ORAL 1 MG	Information generally required to support authorization decision making includes, but not limited to:	Texas Medicaid Provider Procedure Manual	Diagnosis Requirement	2/23/2022
			Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.			
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	Texas Medicaid Provider Procedure Manual		2/23/2022
			hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.			
4/1/2022	J0691	Lefamulin (Xenleta)		Texas Medicaid Provider Procedure Manual	Code with Age and/or	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	Texas Medicaid Provider Procedure Manual	Diagnosis Requirement	2/23/2022
4/1/2022	10699	Cefiderocol (Fetroja)	Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	Code with Age and/or	8/31/2022
4/1/2022	J0706	Caffeine Citrate (Cafcit)		Texas Medicaid Provider Procedure Manual	Diagnosis Requirement Code with Age and/or	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	Diagnosis Requirement	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	Texas Medicaid Provider Procedure Manual		2/23/2022
			hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.			
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 J0742	Cabotegravir and Rilpivirine (Cabenuva) Imipenem, Cilastatin, and		Texas Medicaid Provider Procedure Manual Texas Medicaid Provider Procedure Manual	Code with Age and/or Diagnosis Requirement Code with Age and/or	8/31/2022 8/31/2022
7/1/2020	J0791	Relebactam (Recarbrio)	Information generally required to support authorization decision making includes, but not limited to:	Texas Medicaid Provider Procedure Manual	Diagnosis Requirement	2/23/2022
Prior to 9/1/2019	10200		Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; 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	0080U	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;	Texas Medicaid Provider Procedure Manual		2/23/2022
			Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.			

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;	Texas Medicaid Provider Procedure Manual		2/23/2022
			History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes;			
			Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate;			
			Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.			
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	Texas Medicaid Provider Procedure Manual		2/23/2022
			Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history;			
			Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and			
Prior to 9/1/2019	J0881	INJECTION DARBEPOETIN ALFA 1	Patient characteristics and information. Information generally required to support authorization decision making includes, but not limited to:	Texas Medicaid Provider Procedure Manual		2/23/2022
		MCG NON-ESRD USE	Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam;			_, _, _, _, _, _,
			Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history;			
			Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate;			
			Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.			
Prior to 9/1/2019	J0885	INJECTION EPOETIN ALFA FOR NON ESRD 1000 UNITS	<ul> <li>Information generally required to support authorization decision making includes, but not limited to:</li> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> </ul>	Texas Medicaid Provider Procedure Manual		2/23/2022
			History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports;			
			Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner;			
			Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations;			
			Information regarding the local delivery system; and Patient characteristics and information.			
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;	Texas Medicaid Provider Procedure Manual		2/23/2022
			History of the presenting problem Clinical exam;			
			Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history;			
			Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate;			
			Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.			
1/1/2021	10896	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	Texas Medicaid Provider Procedure Manual		2/23/2022
			hospital records; History of the presenting problem Clinical exam;			
			Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history;			
			Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate;			
			Rehabilitation evaluations; Information regarding the local delivery system; and			
Prior to 9/1/2019	J1290	INJECTION ECALLANTIDE 1 MG	Patient characteristics and information Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and	Texas Medicaid Provider Procedure Manual		2/23/2022
			hospital records; History of the presenting problem			
			Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes;			
			Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers;			
			Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and			
7/1/2022	J1300	Eculizumab (Soliris)	Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	Code with Age and/or	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	Texas Medicaid Provider Procedure Manual	Diagnosis Requirement	2/23/2022
			hospital records; History of the presenting problem Clinical exam;			
			Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes;			
			Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers;			
			Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and			
7/1/2022	J1303	Ravulizumab-cwvz	Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	Code with Age and/or	8/31/2022
4/1/2022	J1305	Evinacumab-dgnb (Evkeeza)		Texas Medicaid Provider Procedure Manual	Diagnosis Requirement Code with Age and/or Diagnosis Requirement	8/31/2022
8/1/2022 7/1/2021	J1306 J1427	Inclisiran (Leqvio) INJECTION, VILTOLARSEN, 10 MG	Information generally required to support authorization decision making includes, but not limited to:	Texas Medicaid Provider Procedure Manual Texas Medicaid Provider Procedure Manual	Code with Age and/or Diagnosis Requirement	8/31/2022 2/23/2022
			Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem			_, _0, _0/2
			Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports;			
			Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner;			
			Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations;			
			Rehabilitation evaluations; Information regarding the local delivery system; and			

			•		
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;	Texas Medicaid Provider Procedure Manual	2/23/2022
			Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.		
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;	Texas Medicaid Provider Procedure Manual	2/23/2022
			Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information		
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 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	Information generally required to support authorization decision making includes, but not limited to:	Texas Medicaid Provider Procedure Manual	2/23/2022
Prior to 9/1/2019	11220	BIVIGAM 500 MG	Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem	Texas Medicald Provider Procedure Manual	2/23/2022
			Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports;		
			Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner;		
			Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate;		
			Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.		
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	Texas Medicaid Provider Procedure Manual	2/23/2022
		hospital records; History of the presenting problem Clinical exam;			
			Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history;		
			Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers;		
			Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and		
Prior to 9/1/2019	J1559	INJECTION IMMUNE GLOBULIN	Patient characteristics and information. Information generally required to support authorization decision making includes, but not limited to:	Texas Medicaid Provider Procedure Manual	2/23/2022
		HIZENTRA 100 MG	Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem		
			Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports;		
			Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner;		
			Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate;		
			Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.		
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	Texas Medicaid Provider Procedure Manual	2/23/2022
			hospital records; History of the presenting problem		
			Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes;		
			Pertinent psychosocial history; Information and consultations with the treating practitioner;		
			Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations;		
			Information regarding the local delivery system; and Patient characteristics and information.		
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;	Texas Medicaid Provider Procedure Manual	2/23/2022
			History of the presenting problem Clinical exam;		
			Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history;		
			Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers;		
			Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and		
Prior to 9/1/2019	J1566	INJ IG IV LYPHILIZED NOT	Patient characteristics and information. Information generally required to support authorization decision making includes, but not limited to:	Texas Medicaid Provider Procedure Manual	2/23/2022
		OTHERWISE SPEC 500 MG	Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem		
			Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress potes:		
			Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner;		
			Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations;		
			Information regarding the local delivery system; and Patient characteristics and information.		
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	Texas Medicaid Provider Procedure Manual	2/23/2022
			hospital records; History of the presenting problem Clinical exam;		
			Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes;		
			Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers;		
			Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and		
Prior to 9/1/2019	J1569	INJ IG GAMMAGARD LIQ IV	Patient characteristics and information. Information generally required to support authorization decision making includes, but not limited to:	Texas Medicaid Provider Procedure Manual	2/23/2022
		NONLYOPHILIZED 500 MG	Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem		,,
			Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports;		
			Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner;		
			Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate;		
			Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.		
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	Texas Medicaid Provider Procedure Manual	2/23/2022
			hospital records; History of the presenting problem Clinical exam;		
			Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes;		
			Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers;		

Pertinent evaluations from other health care practitioners and providers;		
Pertinent charts, graphs or photographic information, as appropriate;		
Rehabilitation evaluations;		
Information regarding the local delivery system; and		
Patient characteristics and information.		

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	Texas Medicaid Provider Procedure Manual		2/23/2022
			hospital records; History of the presenting problem			
			Clinical exam;			
			Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes;			
			Pertinent psychosocial history; Information and consultations with the treating practitioner;			
			Pertinent evaluations from other health care practitioners and providers;			
			Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations;			
			Information regarding the local delivery system; and Patient characteristics and information.			
Prior to 9/1/2019	J1573	INJ HEP B IG HEPAGAM B	Information generally required to support authorization decision making includes, but not limited to:	Texas Medicaid Provider Procedure Manual		2/23/2022
		INTRAVENOUS 0.5 ML	Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;			
			History of the presenting problem Clinical exam;			
			Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes;			
			Pertinent psychosocial history;			
			Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers;			
			Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations;			
			Information regarding the local delivery system; and Patient characteristics and information.			
Prior to 9/1/2019	J1575	INJ IMMUNE GLOBULIN	Information generally required to support authorization decision making includes, but not limited to:	Texas Medicaid Provider Procedure Manual		2/23/2022
		HYALURONIDASE 100 MG IG	Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;			
			History of the presenting problem Clinical exam;			
			Pertinent diagnostic testing results, operative and/or pathological reports;			
			Treatment plan and progress notes; Pertinent psychosocial history;			
			Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers;			
			Pertinent charts, graphs or photographic information, as appropriate;			
			Rehabilitation evaluations; Information regarding the local delivery system; and			
Drier to 0/1/2010	11500	INJ IG IV NONLYOPHILIZED E.G.	Patient characteristics and information.	Toyac Madicaid Dravidar Dracadura Manual		2/22/2022
Prior to 9/1/2019	J1599	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	Texas Medicaid Provider Procedure Manual		2/23/2022
			hospital records; History of the presenting problem			
			Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports;			
			Treatment plan and progress notes;			
			Pertinent psychosocial history; Information and consultations with the treating practitioner;			
			Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate;			
			Rehabilitation evaluations;			
			Information regarding the local delivery system; and Patient characteristics and information.			
10/1/2020	J1632	INJECTION, BREXANOLONE, 1 MG	Information generally required to support authorization decision making includes, but not limited to:	Texas Medicaid Provider Procedure Manual		2/23/2022
			Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;			
			History of the presenting problem Clinical exam;			
			Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes;			
			Pertinent psychosocial history;			
			Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers;			
			Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations;			
			Information regarding the local delivery system; and			
Prior to 9/1/2019	J1640	INJECTION HEMIN 1 MG	Patient characteristics and information. Information generally required to support authorization decision making includes, but not limited to:	Texas Medicaid Provider Procedure Manual		2/23/2022
			Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;			_,,
			History of the presenting problem			
			Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports;			
			Treatment plan and progress notes; Pertinent psychosocial history;			
			Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers;			
			Pertinent charts, graphs or photographic information, as appropriate;			
			Rehabilitation evaluations; Information regarding the local delivery system; and			
A /1 /2022	14720	Malayiaam (Anissa)	Patient characteristics and information.	Toyac Medicaid Drevider Dress down Market	Code with Are and/an	0.104.10000
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	Texas Medicaid Provider Procedure Manual		2/23/2022
			hospital records; History of the presenting problem			
			Clinical exam;			
			Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes;			
			Pertinent psychosocial history; Information and consultations with the treating practitioner;			
			Pertinent evaluations from other health care practitioners and providers;			
			Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations;			
			Information regarding the local delivery system; and Patient characteristics and information.			
Prior to 9/1/2019	J1744	INJECTION ICATIBANT 1 MG	Information generally required to support authorization decision making includes, but not limited to:	Texas Medicaid Provider Procedure Manual		2/23/2022
			Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;			
			History of the presenting problem Clinical exam;			
			Pertinent diagnostic testing results, operative and/or pathological reports;			
			Treatment plan and progress notes; Pertinent psychosocial history;			
			Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers;			
			Pertinent charts, graphs or photographic information, as appropriate;			
			Rehabilitation evaluations; Information regarding the local delivery system; and			
Prior to 9/1/2019	J1745	INJECTION INFLIXIMAB EXCLUDES	Patient characteristics and information. Information generally required to support authorization decision making includes, but not limited to:	Texas Medicaid Provider Procedure Manual		2/22/2022
1 1101 10 3/ 1/2013	J1/43	BIOSIMILAR 10 MG	Current (up to 6 months), adequate patient history related to the requested services such as: office and			2/23/2022
			hospital records; History of the presenting problem			
			Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports;			
			Treatment plan and progress notes;			
			Pertinent psychosocial history; Information and consultations with the treating practitioner;			
			Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate;			
			Rehabilitation evaluations;			
			Information regarding the local delivery system; and		1	

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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;	Texas Medicaid Provider Procedure Manual	2/23/2022
			Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.		
1/1/2021	J1823	INJECTION, INEBILIZUMAB-CDON, 1	<ul> <li>Information generally required to support authorization decision making includes, but not limited to:</li> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information</li> </ul>	Texas Medicaid Provider Procedure Manual	2/23/2022
Prior to 9/1/2019	J1826	INJECTION INTERFERON BETA-1A 3	<ul> <li>Information generally required to support authorization decision making includes, but not limited to:</li> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	Texas Medicaid Provider 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 plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; 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 plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; 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 plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; 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 MICAFUNGIN SODIUM	1 Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	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;	Texas Medicaid Provider Procedure Manual	2/23/2022

Pertinent evaluations from other health care practitioners and providers;		
Pertinent charts, graphs or photographic information, as appropriate;		
Rehabilitation evaluations;		
Information regarding the local delivery system; and		
Patient characteristics and information.		

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 Prior to 9/1/2019	J2793 J2797	Rilonacept (Arcalyst)	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate;	Texas Medicaid Provider Procedure Manual Texas Medicaid Provider Procedure Manual	Code with Age and/or Diagnosis Requirement	8/31/2022 2/23/2022
Prior to 9/1/2019	J2820	INJECTION SARGRAMOSTIM 50 MCG	Rehabilitation evaluations;Information regarding the local delivery system; andPatient characteristics and information.Information generally required to support authorization decision making includes, but not limited to:Current (up to 6 months), adequate patient history related to the requested services such as: office andhospital records;History of the presenting problemClinical exam;Pertinent diagnostic testing results, operative and/or pathological reports;Treatment plan and progress notes;Pertinent psychosocial history;Information and consultations with the treating practitioner;Pertinent evaluations from other health care practitioners and providers;	Texas Medicaid Provider Procedure Manual		2/23/2022
8/1/2022 4/1/2022	J2998 J3031	Plasminogen human-tvmh (Ryplazim) Fremanezumab-vfrm (Ajovy)	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 Texas Medicaid Provider Procedure Manual	Code with Age and/or Diagnosis Requirement Code with Age and/or Diagnosis Requirement	8/31/2022 8/31/2022
4/1/2022	J3032	Eptinezumab-JJMR (Vyepti)		Texas Medicaid Provider Procedure Manual	Diagnosis Requirement Code with Age and/or Diagnosis Requirement	8/31/2022
		MG	Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.			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, ROMOSOZUMAB- 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 regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022

Prior to 9/1/2019	12204		Information generally required to support authorization decision making includes, but not limited to:	Toyas Medicaid Provider Presedure Manual		2/22/2022
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;	Texas Medicaid Provider Procedure Manual		2/23/2022
			Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.			
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	Texas Medicaid Provider Procedure Manual		2/23/2022
			hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.			
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		Texas Medicaid Provider Procedure Manual	Code with Age and/or	8/31/2022
Prior to 9/1/2019	J7196	(Recombinant), Inactivated-zhzo (Andexxa) 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	Texas Medicaid Provider Procedure Manual	Diagnosis Requirement	2/23/2022
4/1/2022 Prior to 9/1/2019	J7212 J7309	Factor VIIa (Antihemophilic factor, <u>Recombinant)-JNCW (Sevenfact)</u> METHYL AMINOLEVULINATE MAL TOP ADMIN 16.8PCT 1 G	Patient characteristics and information. Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; 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 Texas Medicaid Provider Procedure Manual	Code with Age and/or Diagnosis Requirement	8/31/2022 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	Texas Medicaid Provider Procedure Manual	2/23/2022
		ACTING IMPLANT	hospital records;		
			History of the presenting problem Clinical exam;		
			Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes;		
			Pertinent psychosocial history; Information and consultations with the treating practitioner;		
			Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate;		
			Rehabilitation evaluations; Information regarding the local delivery system; and		
Dries to 0/1/2010	17214		Patient characteristics and information.	Tours Medicaid Drawider Draesdure Menuel	2/22/2022
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	Texas Medicaid Provider Procedure Manual	2/23/2022
			hospital records; History of the presenting problem		
			Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports;		
			Treatment plan and progress notes; Pertinent psychosocial history;		
			Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers;		
			Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations;		
			Information regarding the local delivery system; and Patient characteristics and information.		
Prior to 9/1/2019	J7318	HYALURONAN DERIVATIVE	Information generally required to support authorization decision making includes, but not limited to:	Texas Medicaid Provider Procedure Manual	2/23/2022
		DUROLANE FOR IA INJ 1 MG	Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;		
			History of the presenting problem Clinical exam;		
			Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes;		
			Pertinent psychosocial history; Information and consultations with the treating practitioner;		
			Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate;		
			Rehabilitation evaluations; Information regarding the local delivery system; and		
			Patient characteristics and information.		
Prior to 9/1/2019	J7320	HYALURONAN DERIVITIVE 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	Texas Medicaid Provider Procedure Manual	2/23/2022
			hospital records; History of the presenting problem		
			Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports;		
			Treatment plan and progress notes; Pertinent psychosocial history;		
			Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers;		
			Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations;		
			Information regarding the local delivery system; and Patient characteristics and information.		
Prior to 9/1/2019	J7321	HYALURONAN OR DERIVATIVE,	Information generally required to support authorization decision making includes, but not limited to:	Texas Medicaid Provider Procedure Manual	2/23/2022
		HYALAGAN, SUPARTZ OR VISCO-3, FOR INTRA-ARTICULAR INJECTION,	Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;		
		PER DOSE.	History of the presenting problem Clinical exam;		
			Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes;		
			Pertinent psychosocial history; Information and consultations with the treating practitioner;		
			Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate;		
			Rehabilitation evaluations; Information regarding the local delivery system; and		
			Patient characteristics and information.		
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	Texas Medicaid Provider Procedure Manual	2/23/2022
			hospital records; History of the presenting problem		
			Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports;		
			Treatment plan and progress notes; Pertinent psychosocial history;		
			Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers;		
			Pertinent charts, graphs or photographic information, as appropriate;		
			Rehabilitation evaluations; Information regarding the local delivery system; and		
Prior to 9/1/2019	J7323	HYALURONAN DERIVATIVE	Patient characteristics and information. Information generally required to support authorization decision making includes, but not limited to:	Texas Medicaid Provider Procedure Manual	2/23/2022
		EUFLEXXA IA INJ PER DOSE	Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;		
			History of the presenting problem Clinical exam;		
			Pertinent diagnostic testing results, operative and/or pathological reports;		
			Treatment plan and progress notes; Pertinent psychosocial history;		
			Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers;		
			Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations;		
			Information regarding the local delivery system; and Patient characteristics and information.		
Prior to 9/1/2019	J7324		Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and	Texas Medicaid Provider Procedure Manual	2/23/2022
			hospital records; History of the presenting problem		
			Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports;		
			Treatment plan and progress notes;		
			Pertinent psychosocial history; Information and consultations with the treating practitioner;		
			Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate;		
			Rehabilitation evaluations; Information regarding the local delivery system; and		
Prior to 9/1/2019	J7326	HYALURONAN DERIV GEL-ONE	Patient characteristics and information. Information generally required to support authorization decision making includes, but not limited to:	Texas Medicaid Provider Procedure Manual	2/23/2022
		INTRA-ARTIC INJ PER DOS	Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;		
			History of the presenting problem Clinical exam;		
			Pertinent diagnostic testing results, operative and/or pathological reports;		
			Treatment plan and progress notes; Pertinent psychosocial history;		
			Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers;		

Pertinent evaluations from other health care practitioners and providers;		
Pertinent charts, graphs or photographic information, as appropriate;		
Rehabilitation evaluations;		
Information regarding the local delivery system; and		
Patient characteristics and information.		

Prior to 0/1/2010	17227		Information gaporally required to support authorization decision making includes, but not limited to:	Toyac Medicaid Provider Presedure Manual	1	2/22/2022
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 plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; 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	<ul> <li>Information generally required to support authorization decision making includes, but not limited to:</li> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	Texas Medicaid Provider 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, SYNOJOYNT, FOR INTRA-ARTICULAF 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 Prior to 9/1/2019	J7352 J7504	Afamelanotide implant (Scenesse) 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 Texas Medicaid Provider Procedure Manual	Code with Age and/or Diagnosis Requirement	8/31/2022 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	Texas Medicaid Provider Procedure Manual		2/23/2022
			Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes;			
			Pertinent psychosocial history; Information and consultations with the treating practitioner;			
			Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate;			
			Rehabilitation evaluations; Information regarding the local delivery system; and			
Prior to 9/1/2019	J7686	TREPROSTINIL INHAL SOLUTION	Patient characteristics and information.         Information generally required to support authorization decision making includes, but not limited to:	Texas Medicaid Provider Procedure Manual		2/23/2022
		UNIT DOSE 1.74 MG	Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;			_, _,
			History of the presenting problem Clinical exam;			
			Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes;			
			Pertinent psychosocial history; Information and consultations with the treating practitioner; Partiagent evaluations from other health care practitioners and providers:			
			Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations;			
			Information regarding the local delivery system; and Patient characteristics and information.			
Prior to 9/1/2019	J8499	PRESCRIPTION DRUG ORAL	Information generally required to support authorization decision making includes, but not limited to:	Texas Medicaid Provider Procedure Manual		2/23/2022
		NONCHEMOTHERAPEUTIC NOS	Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem			
			Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports;			
			Treatment plan and progress notes; Pertinent psychosocial history;			
			Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers;			
			Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations;			
			Information regarding the local delivery system; and Patient characteristics and information.			
Prior to 9/1/2019	J8655	NETUPITANT 300 MG AND PALONOSETRON 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	Texas Medicaid Provider Procedure Manual		2/23/2022
			hospital records; History of the presenting problem			
			Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports;			
			Treatment plan and progress notes; Pertinent psychosocial history;			
			Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers;			
			Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and			
	10070		Patient characteristics and information.			
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;	Texas Medicaid Provider Procedure Manual		2/23/2022
			History of the presenting problem Clinical exam;			
			Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes;			
			Pertinent psychosocial history; Information and consultations with the treating practitioner;			
			Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate;			
			Rehabilitation evaluations; Information regarding the local delivery system; and			
Prior to 9/1/2019	J8999	PRESCRIPTION DRUG ORAL	Patient characteristics and information.         Information generally required to support authorization decision making includes, but not limited to:	Texas Medicaid Provider Procedure Manual		2/23/2022
		CHEMOTHERAPEUTIC NOS	Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;			
			History of the presenting problem Clinical exam;			
			Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history;			
			Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers;			
			Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations;			
			Information regarding the local delivery system; and Patient characteristics and information.			
1/1/2022	J9021	INJECTION, ASPARAGINASE, RECOMBINANT, (RYLAZE),	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and	Texas Medicaid Provider Procedure Manual		2/23/2022
		0.1MG	hospital records; History of the presenting problem			
			Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports;			
			Treatment plan and progress notes; Pertinent psychosocial history;			
			Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers;			
			Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations;			
			Information regarding the local delivery system; and Patient characteristics and information.			
4/1/2022	J9037 J9061	Belantamab Mafodontin-blmf (Blenrep) Amivantamab-vmjw (Rybervant)		Texas Medicaid Provider Procedure Manual Texas Medicaid Provider Procedure Manual	Code with Age and/or Diagnosis Requirement	8/31/2022
4/1/2022 Prior to 9/1/2019	J9061 	Amivantamab-vmjw (Rybervant)	Information generally required to support authorization decision making includes, but not limited to:	Texas Medicaid Provider Procedure Manual Texas Medicaid Provider Procedure Manual	Code with Age and/or Diagnosis Requirement	8/31/2022 2/23/2022
. ,		10 MG	Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;			_, _0, _0/2
			History of the presenting problem Clinical exam;			
			Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes;			
			Pertinent psychosocial history; Information and consultations with the treating practitioner; Partiagent avaluations from other booth care practitioners and providers:			
			Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations:			
			Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.			
4/1/2022	J9118	Calaspargase Pegol-Mknl (Asparlas)		Texas Medicaid Provider Procedure Manual	Code with Age and/or	8/31/2022
4/1/2022	J9119	Cemiplimab-rwlc (Libtayo)		Texas Medicaid Provider Procedure Manual	Diagnosis Requirement Code with Age and/or Diagnosis Requirement	8/31/2022
I						<u> </u>
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

1/1/2021	J9177	EJFV, 0.25 MG	<ul> <li>Information generally required to support authorization decision making includes, but not limited to:</li> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation regarding the local delivery system; and</li> <li>Patient characteristics and information</li> </ul>	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 plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; 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

Diagnosis Requirement
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4/1/2022       J930       Polatzuma wedotin (Polivy)       Code with Age an         4/1/2022       J930       Polatzuma wedotin (Polivy)       Information regarding the local delivery system; and information.       Texas Medicaid Provider Procedure Manual       Code with Age an         Prior to 9/1/2019       J9313       NLECTON MOXETUMOMAB       Information genarally required to support authorization decision making includes, but not limited to:       Texas Medicaid Provider Procedure Manual       Beagosis Require         History of the presenting problem       Clinical exam;       Current (up to 6 months); adequate patient history related to the requested services such as: office and hospital records;       Texas Medicaid Provider Procedure Manual       Beagosis Require         History of the presenting problem       Clinical exam;       Pertinent diagnosis testing problem       Clinical exam;       Pertinent diagnosis testing problem;       Texas Medicaid Provider Procedure Manual       Code with Age an         4/1/2022       J9317       Sacituzmab govitecan hzy       Pertinent diagnosis togating problem;       Texas Medicaid Provider Procedure Manual       Code with Age an         8/1/2022       J9318       Sacituzmab govitecan hzy       Pertinent diagnosis fequire       Diagnosis Require         8/1/2022       J9332       Egartigimod alfa-Cab (Vygart)       Rehabilitation evaluations;       Texas Medicaid Provider Procedure Manual       Code with Age an	ment	
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4/1/2022     J9348     Naxitamab-gqgk (Danyelza)     Diagnosis Require       0     0     0     0       0     0     0     0		Code with Age and/or Diagnosis Requirement
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Treatment plan and progress notes; Pertinent psychosocial history;		
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Pertinent charts, graphs or photographic information, as appropriate;		
Rehabilitation evaluations; Information regarding the local delivery system; and		
Patient characteristics and information.		
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Prior to 9/1/2019 J9999 NOT OTHERWISE CLASSIFIED Information generally required to support authorization decision making includes, but not limited to: Texas Medicaid Provider Procedure Manual Bevacizumab wh	en billed for 2/23/202	Bevacizumab when billed for
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Treatment plan and progress notes;		
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Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate;		
Rehabilitation evaluations;		
Information regarding the local delivery system; and		
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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       Texas Medicaid Provider Procedure Manual	8/31/202	
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Prior to 9/1/2019	Q3028	INJECTION INTERFERON BETA-1A 1	Information generally required to support authorization decision making includes, but not limited to:	Texas Medicaid Provider Procedure Manual	2/23/2022
Phot to 9/1/2019	Q3028	MCG SUBQ USE	Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate;		2/23/2022
			Rehabilitation evaluations; Information regarding the local delivery system; and		
Prior to 9/1/2019	Q5103	INJECTION INFLIXIMAB-DYYB BIOSIMILAR 10 MG	Patient characteristics and information. Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem	Texas Medicaid Provider Procedure Manual	2/23/2022
			Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.		
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	Texas Medicaid Provider Procedure Manual	2/23/2022
			hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.		
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	Texas Medicaid Provider Procedure Manual	2/23/2022
			History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.		
Prior to 9/1/2019	Q5111	INJECTION PEGFILGRASTIM-CBQV 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	Texas Medicaid Provider Procedure Manual	2/23/2022
			hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.		
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

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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		Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; 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 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 pe ml	Information generally required to support authorization decision making includes, but not limited to: r Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; 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	\$1091	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;	Texas Medicaid Provider Procedure Manual	8/31/2022

Pertinent evaluations from other health care practitioners and providers;		
Pertinent charts, graphs or photographic information, as appropriate;		
Rehabilitation evaluations;		
Information regarding the local delivery system; and		
Patient characteristics and information.		

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	
11/1/2022	J9298	Nivolumab and relatlimab-rmbw		Texas Medicaid Provider Procedure Manual	Diagnosis Requirement Code with Age and/or	
11/1/2022	J1302	Sutimlimab-jome (Enjaymo)		Texas Medicaid Provider Procedure Manual	Diagnosis Requirement Code with Age and/or	
11/1/2022	J9274	Tebentafusp-tebn (Kimmtrak)		Texas Medicaid Provider Procedure Manual	Diagnosis Requirement Code with Age and/or	
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 problemClinical exam;Pertinent diagnostic testing results, operative and/or pathological reports;Treatment plan and progress notes;Pertinent psychosocial history;Information and consultations with the treating practitioner;Pertinent evaluations from other health care practitioners and providers;Pertinent charts, graphs or photographic information, as appropriate;Rehabilitation regarding the local delivery system; andPatient characteristics and information.	Texas Medicaid Provider Procedure Manual	Diagnosis Requirement	
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 problemClinical exam;Pertinent diagnostic testing results, operative and/or pathological reports;Treatment plan and progress notes;Pertinent psychosocial history;Information and consultations with the treating practitioner;Pertinent evaluations from other health care practitioners and providers;Pertinent charts, graphs or photographic information, as appropriate;Rehabilitation evaluations;Information regarding the local delivery system; andPatient 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